



Developmental Disabilities Five-Year Strategic State Plan Fiscal Years 2002 - 2006

prepared and submitted by

Michigan
Developmental Disabilities
Council

in consultation with

Michigan Department
of
Community Health
the designated state agency

MDCH is an equal opportunity employer, services and programs provider.

This document is authorized by Public Law 106-402 of 2000, the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000. In 2000, the DD Act brought \$2.2 million into Michigan for programs and services for people with disabilities. Copies produced: 600; estimated cost: \$1,884.76; estimated cost per copy: \$3.14.

DEFINITION OF DEVELOPMENTAL DISABILITIES AND IMPACT

General Statement

It is the position of the Michigan Developmental Disabilities Council that disability is a part of the human experience. People with disabilities have specific rights as well as responsibilities. Disability is an ongoing factor in people's lives, occurring at any age, and on a temporary or permanent basis. Fundamental concepts regarding the rights of individuals with disabilities, and indeed for all individuals, include: self-determination, independent living, and the opportunity to be fully included in the social, educational, political, economic, and cultural mainstream of American society.

People with disabilities and their families are capable and creative and must have key decision-making roles in policies, programs, and services that affect their lives. The supports that enable persons with disabilities and their families to enjoy full participation in their community must be provided with respect for individual dignity, personal goals, preferences, and cultural differences. It is imperative that the persons providing supports are knowledgeable in the principles of inclusion, both personal and community, and that they apply this knowledge throughout all environments.

People with disabilities may choose to have relationships, enjoy the opportunity to live independently, enjoy self-determination, contribute to society, and experience full integration and inclusion in the economic, political, social, cultural, and educational mainstream of American society. These choices must be honored. Persons with developmental disabilities and their families should be part of the public policy formation. Our mission is to ensure that true choices exist, that barriers to full inclusion are eliminated, and that people with disabilities and their families have accurate and complete information regarding the services and supports they desire and need.

The challenge is for all communities to accept and celebrate the diversity of their members, for this diversity adds a richness and fullness to their makeup. In this ever-changing global community, all community members must learn to live with and respect each other's individual differences and rights. Community support and involvement of all of its members are essential for full participation and acceptance in our society. The Michigan Developmental Disabilities Council will embrace this position in all of its advocacy initiatives, its internal operation, and in the development and implementation of its grants program.

State's Application of Federal Definition

Developmental disabilities are severe, chronic impairments that occur at an early age, usually in the developmental stages of life. They have an impact on an individual's functional ability to perform major life activities. They are likely to continue indefinitely and require the individual to acquire regular, ongoing services. The Administration on Developmental Disabilities operates under a federal definition cited in the DD Act. Previously, the Michigan Mental Health Code, written in 1974, defined developmental disability in diagnostic terms, as a criterion for eligibility for state-funded mental health services. Amendments by Act 290 of 1995 became effective on March 28, 1996. Although not

verbatim to the federal definition, the functional definition adopted provides a parallel definition for service delivery.

Federal Definition of Developmental Disability

Public Law 106-402 of 2000, the Developmental Disabilities Assistance and Bill of Rights Act, defines "developmental disability":

The term developmental disability means a severe, chronic disability of a person that:

1. is attributable to a mental or physical impairment or combination of mental and physical impairments;
2. is manifested before the person attains age 22;
3. is likely to continue indefinitely;
4. results in substantial functional limitations in three or more of the following areas of major life activity: self-care; receptive and expressive language; learning; mobility; self-direction; capacity for independent living; and economic self-sufficiency; and
5. reflects the person's need for a combination and sequence of special interdisciplinary or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.

Michigan's Definition of Developmental Disabilities

Public Act 258 of 1974, the Michigan Mental Health Code, amended in 1987, and amended most recently in 1995, defines "developmental disability" as criteria for service eligibility from the state mental health system:

Developmental disability means either of the following:

- (a) If applied to an individual older than 5 years, a severe, chronic condition that meets all of the following requirements:
 - (i) Is attributable to a mental or physical impairment or a combination of mental and physical impairments.
 - (ii) Is manifested before the individual is 22 years old.
 - (iii) Is likely to continue indefinitely.
 - (iv) Results in substantial functional limitations in 3 or more of the following areas of major life activity:
 - (A) Self-care.
 - (B) Receptive and expressive language.
 - (C) Learning.
 - (D) Mobility.
 - (E) Self-direction.
 - (F) Capacity for independent living.
 - (G) Economic self-sufficiency.
 - (v) Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
- (b) If applied to a minor from birth to age 5, a substantial developmental delay or a specific

congenital or acquired condition with a high probability of resulting in developmental disability as defined in subdivision (a) if services are not provided.

State Prevalence of Developmental Disabilities

Data Studies

The Administration on Developmental Disabilities supported research to determine the estimated number of persons having a developmental disability. Each research project established or reaffirmed a formula to determine estimates. In the 2002-2006 Michigan Developmental Disabilities State Plan, we used a formula, provided by the Administration on Developmental Disabilities, to estimate 180,000, or 1.8 percent of Michigan's 9,938,444 citizens, have developmental disabilities.

Other population research and information considered:

- 1979 research by Gollay that estimates that of all persons with disabilities, 8.6 percent are persons with developmental disabilities;
- 1981 research by Boggs & Henney that estimates 1.57 percent of the population are persons with developmental disabilities; and
- 1986 research by Kiernan and Bruininks that confirms and supports Gollay's 1979 instrument and estimates 1.6 percent of the population are persons with developmental disabilities.
- the 1990 U.S. Census indicates 15.33 percent of Michigan residents have a self-identified, severe disabling condition.
- census data from 1990 shows 900,036 Michigan residents age 16 and older with a self-identified work disability. The Census reported 483,299 persons age 16 or older with a mobility or self-care limitation in Michigan, and reported 681,744 persons age 16 and above with self-identified disabilities who are not in the state work force. Data from Census 2000 will be incorporated into future council activities.

DD PROGRAM ORGANIZATION AND ROLE

State Planning Council

Michigan Developmental Disabilities Council functions under the authority of Public Law 106-402, the *Developmental Disabilities Assistance and Bill of Rights Act of 2000, as amended*, and Michigan's Executive Order 1984-13, which establishes the council and names the Department of Community Health as the designated state agency for the Developmental Disabilities Basic State Grant Program. In Executive Order 1984-13, the Governor directs:

The council shall advocate for persons with developmental disabilities by advising the Governor's office and the departments of state government of the needs of persons with developmental disabilities. The council shall develop and recommend coordinated policy for persons described by the federal definition of developmental disabilities. The council may enter

into agreements with state agencies and other providers of service for disabled persons. The council shall plan for the use of the federal funds available under the basic state grant portion of the DD Act to improve the capacity of Michigan's service delivery network on behalf of persons with developmental disabilities. The council shall fulfill the functions and responsibilities provided in the Federal DD Act and other responsibilities determined by the Governor which are consistent with the DD Act.

Michigan Developmental Disabilities Council members are appointed by the Governor for two year terms. The Governor also appoints the chairperson and the vice-chairperson. The council organizes and supports committees and work groups as needed to carry out its responsibilities. Currently, council committees include the executive, public policy and program committees. During the planning cycle the council will establish a multicultural committee whose purpose will be to ensure cultural competency and diversity is in all council activities. The council has established family support, education, and transportation work groups. This plan calls for the establishment of a housing work group.

The full council meets regularly throughout the year. The chairperson determines times and location of meetings. Committees and work group chairs determine their own schedules. Notice and conduct of meetings are in accordance with Public Act 268 of 1976, the Michigan Open Meetings Act. Council administrative direction and staff management comes from:

Chairperson
Karla M. Kirkland
Charlevoix, MI

Executive Director
Vendela M. Collins
Lansing, MI

Role of the Developmental Disabilities Planning Council

As an advocate for systems of change, the council defines its role threefold:

- To advise the Governor and state agencies on the needs and wants of people with disabilities, and how state policy impacts on their lives.
- To negotiate with state agencies and others to establish policy and practice that will improve services and supports available to people who meet the federal definition of developmental disabilities.
- To build capacity of the public and private sectors to enable provision of services and supports needed by people with disabilities.

From its location within state government, the council's major responsibility is to act as a systems change agent. The specific activities to be carried out by the council to accomplish these changes are set out in the state plan. This plan can be viewed as both a compliance document and as one which shapes, guides, describes and sets the framework for council activities in support of its priorities. With

statewide hearings held around Michigan in autumn, 1999, and winter, 2000, and information gathered from consumer focus groups as part of the overall council evaluation, the council constructed a state plan based on the expressed needs of people with disabilities, their families and professionals. The plan is developed and implemented to respond to these needs.

A major responsibility of the council is to be an innovator in disability policy and practice in Michigan. Much progress occurs through the grant program to plan, implement and monitor innovative projects, studies and evaluations. It is in this capacity that the Michigan council has been particularly successful in effecting permanent changes in the way services and supports are provided to people with disabilities and their families. It is through innovation that the council maintains a leadership role in the Michigan disability community.

Based on the identified needs of people with disabilities, the council continues to formulate an effective advocacy agenda as a major tool in implementing the state plan. Because it is within the state system and also maintains operational autonomy, the council is in a position to serve as an important link encouraging cooperation between state and human services agencies and the advocacy community, including people with disabilities and their families. Results include policies and programs for community-based supports required for independent living.

The council uses a variety of structures to implement the state plan, including: Policy study work groups on targeted issues; a system of Regional Interagency Coordinating Committees (RICCs) that insures local activity coordination to meet plan goals; council-sponsored standing committees to direct and oversee staff activities; and direct member participation in these and other groups. Other groups currently include the Family Support Work Group, Transportation Work Group and Education Work Group.

Designated State Agency

Michigan's Executive Order 1984-13, establishes the council and names Michigan Department of Mental Health (consolidated into the Department of Community Health) as designated state agency for the Developmental Disabilities Basic State Grant Program. The council's organizational relationship to the designated state agency is graphically highlighted in this plan. The DSA administrator is:

Peter L. Trezise, Chief Operating Officer
Michigan Department of Community Health
Lewis Cass Building, 6th Floor
Lansing, Michigan 48913
Telephone area code 517, 373-8010 voice

Role of Designated State Agency vis-a-vis State Planning Council

Michigan's Governor specified Michigan Department of Community Health as the designated state agency for the Michigan Developmental Disabilities Council. The department is fiduciary of federal funds and carries out specified functions for the council including accounting, personnel, auditing, financial record keeping and purchasing.

Administrative supervision of the Council's executive director is provided by the designated state agency's Chief Operating Officer. Policy direction for activities is provided by the Council. The chair has a direct relationship to the director of the designated state agency and to the Governor and his staff as indicated on the organizational chart. In Michigan, no direct services delivered by the designated state agency are supported by funds from the Developmental Disabilities Act, and there are no staff from the department assigned to the Council.

Environmental Factors Affecting Services

Economic: Michigan is experiencing a flat economy with a current unemployment rate of 4.6 percent. Recipients of cash assistance continued the decline pattern of the past seven years.

Despite prosperity and plentiful employment opportunities, the unemployment rate among people with disabilities remains at near 70 percent. With low unemployment, wages are competitive, compromising availability of competent care providers. The wage rate for personal assistance services varies greatly across counties.

Budgets for human services have little growth. The state faces a large budget deficit this year and there are no new programs being established for people with developmental disabilities.

Medicaid has converted to a managed care delivery system. Capitated rates and associated conflict has resulted in some managed care organizations electing to not renew their Medicaid contracts. In some areas of the state there are a limited number of Medicaid providers with some consumers having to travel extraordinary distances to receive healthcare services. Competitive bidding for management of DD and behavioral health services is in process and anticipated to be in place by October, 2002.

Distribution of public funding for transportation in Michigan is undergoing major revision. Under the current system, over 90 percent of transportation funding is directed to build and maintain roads. Public transit receives a small percentage of the overall transportation funding, and advocates must continuously push to preserve even this amount. Advocates have been instrumental in shaping new policy focus on transit provider performance, base-level funding statewide, and regional (cross-county) service. The council is funding state and local transportation advocacy initiatives to educate policymakers to consumer needs.

Social: Michigan's human service system is beginning to recognize the programmatic and fiscal value of basing service delivery on the consumers strengths, desires and preferences. The Mental Health Code has been modified to require person-centered planning as the basis for shaping individual services/supports. Michigan Rehabilitation Services has initiated the Renaissance Project which incorporates person-centered planning into its process for providing employment services. The federal Individuals with Disabilities Education Act requires a transition planning process by age 14 to support the individual aspirations and goals of special education students. Despite policy requirements for person-centered planning to shape services/supports, consumers report difficulty exercising their self-determination rights. A major cause is consumers' lack of skills and organizational knowledge needed to facilitate a genuine person-centered planning meeting that is independent of the delivery system. Advocates are educating consumers to their self-determination rights, and are promoting modification of service delivery practice to comply with self-determination principles.

Another concern is Michigan's single-source funding for general employment services/supports. While advocates support elimination of duplicate services, there is value in maintaining experience by utilizing proven programs/supports. Historically, the range of general programs and agencies which are now

designated to promote employment, have not responded to the unique needs of people with disabilities. Advocates are concerned that a merger of all programs may seriously dilute the capacity of specialized programs to respond to the needs of persons with disabilities.

Political: In November, 1992, Michigan voters approved term limits for state elected officials. The Governor and some legislators who supported this initiative, now criticize it because the terms are too short. State decision makers are in office only a few years so they have no “institutional memory” about policies. The 2000 election continued the Republican Party in the majority in both the House and Senate, with gubernatorial leadership also Republican. Advocates are challenged to continually educate these individuals about disability concerns and develop relationships. Focus remains strong on educating legislators to the desire of Michigan citizens with disabilities to assume personal responsibility for their lives, and the supports they need to achieve their life goals. Realizing that the subject of disabilities is not a partisan issue, it is a positive opportunity for disability advocates to reach out to newly-arrived individuals with a willingness to learn about disability issues.

Advocates and some legislators are pushing for Michigan to participate in the Medicaid Buy In option provided under the Work Incentives Improvement Act of 1999. This will enable recipients of SSI/SSDI to return to work and to maintain their Medicaid benefits. Stakeholders are convening to develop a plan that defines the parameters of this coverage.

Legal: In 1999, Michigan Protection and Advocacy Service (MPAS) filed a suit against Michigan Department of Community Health (MDCH) for noncompliance with the Omnibus Reform Act of 1987. This suit was brought on behalf of all individuals in nursing homes, with either a developmental disability or a mental illness, who have been determined to not require nursing home services. The state sought a dismissal, which was denied. In addition, the judge ordered the state to provide the names and addresses of all potential class members.

In response to the 1999 U.S. Supreme Court’s decision regarding Olmstead, MPAS has been meeting with MDCH to discuss a strategy for the development and implementation of a state-wide plan to facilitate least-restrictive, community-based living for people with disabilities. MDCH is limiting focus thus far to the two remaining DD centers which house some 220 residents. Current attention is directed to those individuals who have been determined to be suitable for discharge. Advocates want to expand focus to include those deemed “unsuitable for discharge” to residents of nursing homes and group homes, and to decrease the overall number of facility admissions. One of the DD centers will be closed in August, 2001.

Local school districts filed the Durant suit in Michigan courts. The districts allege they have been required to expend local funds on state mandated services (special education). Districts view this as an unfunded mandate which violates the 1979 Headlee Constitutional Amendment. Under Headlee, the state is required to fund state-mandated services. Generally the districts feel they have prevailed at the various court levels, but the dispute remains due to differences of interpretation by the Governor and

legislative leadership regarding court decisions.

In light of various federal court decisions regarding the ADA, advocates are monitoring the legal and political environment to prevent Michigan disability civil rights erosion and further erosion at the federal level.

The State Service Systems

Medicaid managed care

Medicaid is generally a managed care delivery system. Comprehensive health services already are delivered through managed care organizations, but some qualified health plans are not renewing their Medicaid contracts. Some rural areas have very few, if any, choices of provisions. Developmental Disabilities carve-out for Medicaid services will be bid-out with services to begin October 1, 2002. This portion of the Medicaid program provides services for the habilitation of people with developmental disabilities. The Department of Community Health provided significant opportunities for DD advocates to assist in developing the plan which was submitted to the Health Care Financing Administration. HCFA, in its response to the department proposal, outlined significant consumer input in the development of the bidding package.

There are fewer problems with boundary issues with the regular managed care program, but there are also limited providers in many rural areas of the state. Dental care continues to be a problem for people with developmental disabilities, even though there were additional funds made available for dental care.

Consumer difficulty exercising self-determination rights

Michigan's human service system increasingly is recognizing the programmatic and fiscal value of basing supports and service delivery on the strength, desires and preferences of the individual. Michigan's Mental Health Code has been modified to require person centered planning as the basis for shaping all individual services provided by the state and public mental health network. Michigan Rehabilitation Services has initiated a Renaissance Project which incorporates person centered planning into its process for serving people. The federal Individuals with Disabilities Education Act (IDEA) requires, among other things, a transition planning process by age 14 to support the individual aspirations and goals of special education students.

In spite of policy requirements for person centered planning to shape services, consumers report difficulty exercising their self-determination rights. One major cause is that consumers have few or limited skills to help facilitate a person centered planning meeting which is truly independent of the delivery system. The council is working with the delivery system and other advocacy

organizations to assure consumers are aware of their rights. Additionally, the council and other advocates are working with the policymakers to remedy this situation.

Employment supports

Funding for all employment supports is going into a single agency, but advocates are concerned that current disability money and expertise may be lost when combined into a single source.

Advocates do not oppose elimination of duplicate services. However, historically, the range of general programs and agencies which promote employment have not responded to the needs of persons with disabilities. People with disabilities often have been rejected from these programs and referred to community mental health (CMH) or Michigan Rehabilitation Services (MRS). While consumers report these specialized agencies still have improvements to achieve, at least they have familiarity and experience with disability issues. We are concerned that merger of all programs may seriously dilute or even eliminate current capacity to respond to the needs of persons with developmental disabilities.

The Department of Education, through its transition project, has initiated interagency meetings with Department of Community Health, and MRS to better coordinate and improve their service delivery practices.

Interagency initiatives to impact systems change

The council supports a variety of interagency initiatives with state and local disability advocates to build advocacy partnerships to impact systems change. For example:

- a. The Disability Policy Discussion Group is a forum for cross-disability advocates to share information and develop strategies for systems change. Issues targeted include: employment, education, transportation, ADA/Civil Rights and others as needed.
- b. The Federation for Grassroots Advocacy is a forum for cross-disability advocates to share information and develop strategies for systems change in Michigan's managed care system.
- c. The council provides financial and technical assistance support for a statewide network of local consumer directed Regional Interagency Coordinating Committees (RICCs). RICCs target issues of local concern (e.g. transportation, managed care, employment, housing, consumer empowerment, etc.) and develop strategies to achieve systems change.
- d. The Howell Group is a coalition of developmental disability advocates who develop position papers and strategies to impact statewide systems change.
- e. The Council is working as a team within Department of Community Health on systems change efforts in a collaborative way with consumers, their families, service providers, and policy makers to clearly

identify and address ways to offer maximum consumer control of personal assistance services and supports for community integration and improved quality of life in an environment in which individual choice and responsibility may flourish.

f. The council is working with the Michigan Works! and Michigan Jobs Coalition to impact on policy of where persons with developmental disabilities may obtain employment training and placement, as well as work on changing work disincentives.

While there is some overlap, there is mutual respect and cooperation between these groups and they all share the same value of consumer self-determination. Each initiative has unique accomplishments and adds value to the disability advocacy movement.

Updating the Michigan special education rules, modifying the age mandate, and changing the funding or services

Special education rule changes have been proposed and they have met with great resistance by students, families and schools. The deadline for comments on the proposed rules has changed three times and the courts were involved. The rationale for the changes included updating the rules to be in compliance with IDEA 97, and also take into account administrative waivers which have been permitted by the State Board of Education in the last 2 years. These changes will be the first significant changes in 25 years and there is great concern in the disability community. There were a number of public hearings across the state to obtain input. The public outcry was astounding as there were over 1,000 students, parents, teachers and administrators at one location. The council publicized the public hearings and presented testimony at 2 of the sites. The extension of the comment period takes the rule promulgation process into a new Superintendent of Public Instruction's tenure. The fast track rules have become a political issue for the Board of Education and Superintendent.

Some policymakers have suggested reducing the Michigan special education age mandate, funding or services. This is a politically volatile issue and currently there is no formal forum for public policy makers to discuss this topic. Michigan's current special education mandate requires districts to provide services to eligible students from birth - age 26. Some policymakers have suggested lowering the age range to birth - age 22. This change would still meet the federal IDEA minimum age requirements.

The council has convened its Education Work Group to help mobilize interagency disability activists and coordinate advocacy on this critical issue.

Advocates are seizing this opportunity to educate policy makers about inclusion and needed changes in the education system to achieve better outcomes for all students.

Advocates are attempting to focus policy discussion on the issues of:

- a. consolidate duplicate education expenditures (e.g. administration, transportation, building, program services) and redirect resources to adequately support inclusion;
- b. increase flexibility to access resources within the community so at graduation, students are prepared to live, work and enjoy leisure activities in the community.

Public funding for distribution of transportation funding undergoing major review

Public hearings have been conducted statewide for policymakers to receive input. Currently the overwhelming majority of state and federal transportation dollars are targeted to build and maintain roads. Public transit receives a small percentage of the transportation funding and advocates must continuously push to preserve even this amount.

The council has initiated an interagency transportation work group composed of consumers, advocates and providers. This work group has received consumer input, reviewed documents and drafted recommendations for policy maker consideration. Additionally, the council is in the process of funding state and local transportation advocacy initiatives to assure policymakers hear consumer needs. Advocates have been instrumental in shaping new policy focus on transit provider performance, base-level funding statewide and regional services.

Community Services and Opportunities

Council staff have been appointed to the Assistive Technology Revolving Loan review committee. The committee is currently seeking funds which can receive significant federal match this first year. It is anticipated that within two years that the fund will be self-sustained with the loans being repaid.

Michigan is proud to announce the closing of an additional ICF-MR facility in Southgate. This will occur in August, 2001. This is nearly the culmination of the state operating hundreds of ICF-MRs, to only maintaining a single facility that will have about 220 beds. Although this is not our ultimate goal, it demonstrates the state's commitment to having persons with developmental disabilities living in communities, with more self-determination of where, and with whom they live. Funding has become decentralized from the institutions to 49 Community Mental Health Service Providers to support more community based options. As Person-Centered Planning becomes more common and people understand they have more choices, funding is expected to follow them into more independent community options.

Waiting Lists

Below is an estimate of persons with developmental disabilities who are waiting for residential or other community supports. Some agencies do not maintain a waiting list or other reliable data regarding need for service, so consumer needs may exceed the numbers listed.

Waiting list name	Number
DD institution	220*
Section 8 Housing	292**

*Approximately 220 persons with developmental disabilities reside in state institutions and are waiting for community living opportunities with supports. This is a small number when considering Michigan's 9,938,444 residents, but the council's position is all individuals, with supports, can live in communities.

**Section 8 Housing. The Michigan State Housing Development Authority (MSHDA) administers Michigan's Section 8 housing program. MSHDA typically has available approximately 5000 Section 8 vouchers per year. MSHDA opens its application process periodically so it can maintain a two year waiting list of approximately 10,000 eligible individuals. MSHDA reports approximately 3400 of Section 8 voucher recipients have a disability. According to research by Gollay, of all persons with disabilities, 8.6 percent have a developmental disability. Using this research data, approximately 292 people on the Section 8 waiting list have a developmental disability. MSHDA knows there are many eligible people in addition to their two year waiting list. For example, a few years ago the agency opened its application process for one month in Detroit and over 15,000 eligible people were identified. However, MSHDA does not want to create consumer expectation beyond what the agency can deliver within two years so its waiting list is restricted to 10,000.

Other important service systems for persons with DD include:

Community Mental Health (CMH). The Michigan Mental Health Code prohibits local CMH agencies from maintaining a waiting list for services. Theoretically, when a person with a developmental disability or a family member requests assistance, a person-centered plan (PCP) is developed and all needed supports and services are provided. Some consumers report that they are informally denied assistance and/or their PCP is directed by agency staff toward existing programs, not necessarily what the consumer wants or needs to fulfill life dreams. Consumers also may not be aware of options in their community. The council has approved, and will soon implement, a baseline study to determine the extent to which consumers feel they can self-determine the supports they need through the person-centered planning process.

Michigan Rehabilitation Services (MRS). The agency has not established an "Order of Selection", so all eligible individuals who need employment training, placement or support assistance, theoretically, can receive them. However, informally, persons are screened out or referred to other employment placement or training programs because the agency does not have adequate resources to serve every person in the state. There are unresolved boundary issues between some local MRS and CMH offices,

so consumers report difficulty getting the supports they need. No waiting list or other official documentation exists on this issue.

David Braddock, University of Chicago, Illinois Center for Excellence, estimates that 60 percent of all adults in the mental health or adult DD system are living with an elderly care giver. The time is rapidly approaching when these elderly parents can no longer provide care to their disabled adult child. The state's mental health/adult DD system has not developed a plan for this impending major increased need for residential and other community supports.

Office of Services to the Aging (OSA)-Aged and Disabled Waiver. This Medicaid waiver serves 15,000 individuals by providing community supports to prevent nursing home admissions. All available "slots" have been filled and no additional applications will be taken for the remainder of this fiscal year. Advocates estimate that at least 1/3 of the "slots" (5000) are given to persons with disabilities. According to OSA policy, the local administering agencies (Areas Agencies on Aging) are prohibited from maintaining a waiting list. The state has requested a waiver renewal to continue serving 15,000 people. Advocates are concerned that no waiting list is being maintained and that no expansion of the program is anticipated, even though senior citizens are the fastest growing segment of our population.

Unserved and Underserved Groups

African-American families have demonstrated an underutilization of family support programs through a demonstration project by Wayne State University, Developmental Disabilities Institute. Families were interviewed and were not aware of programs or did not know of the eligibility criteria.

Hispanic/Latino families underutilize systems due to family support systems, non-trust of government and migrant status of some families. In addition, language barriers and lack of translation of application forms deters individuals and families from seeking available supports.

American Indian families are unserved and have expressed some lack of trust in the government programs. They have also indicated that when they do seek services from some programs they are referred to reservation agencies or the Bureau of Indian Affairs. This is done even though they still meet the eligibility criteria for the services they are seeking.

Arab/Chaldean families in Michigan are densely populated in southeast Michigan. Through focus groups the major barrier appears to be language, both written and spoken, by the typical caseworker in the service providing agencies. They feel isolated from access to services and therefore are underserved by the system.

Families with children with severe physical disabilities who are classified as physically and otherwise health-impaired, emotionally-impaired or are experiencing autism are not eligible for the family support subsidy. They experience the same extraordinary costs to keep their children at home as do current

recipients. This group is underserved by the family support system.

Rationale for Goal Selection

The three primary goal areas of the Michigan Developmental Disabilities Council are: transportation, education and self-advocacy.

Transportation is the common, critical unit that many people need to have self-determined lives in the community. Developing a transportation system is building sustainability in independent living. A useful system also benefits many large groups in a community, such as senior citizens.

Education is the beginning of inclusion into a community. The goal is built around self-empowered parents supporting self-empowered children and young adults toward having inclusive community expectations.

Self-advocacy promotes leadership of consumer-directed activities in communities throughout the state.

Many areas of emphasis have their own work group to provide information for consideration of future council goals. These goals have a grassroots level of activity to build customer demand at the local level:

Advocacy: Increase demand for transportation in local communities; build demand for early inclusion networks for full school inclusion and early childhood inclusion at the local level. Self-advocacy builds strong communities and individuals.

Capacity Building & Systemic Change: Both of these have information which will be developed and distributed to policymakers at state and local levels to increase system usage by individuals within the community. At the state level, it is to increase funding and change policy; at the local level it is to provide use of funds to promote adequate transportation services and change childhood and schools to a more inclusive environments.

The Council is working in a cooperative way with the Self - Advocacy Network of Michigan to assure people with disabilities in each community are provided leadership skill development and opportunities to improve community living and quality of life. Efforts toward self-advocacy organizations are also directed through the council Regional Interagency Coordinating Committees, groups that will be led by consumers with developmental disabilities. The council has over \$250,000 dedicated toward this activity annually.

DEVELOPMENT OF STATE PLAN

In preparation and development of the council's state plan, the council sought consumer and family input through a variety of methods. Advocates and professionals were also encouraged to give input to provide a more inclusive community.

Initially there was a survey distributed through the council's *Monday Update* publication to approximately 800 readers. This same survey was provided to the council's 44 regional interagency coordinating committees, local grassroots advocacy groups supported by council funds. Other disability community collaborators were sent the information to include in their publications. There were over 100 surveys returned that provided a basis for the review and analysis of eligibility and services offered.

Information was analyzed with oversight from the council's external evaluator at Michigan State University. The survey information was placed in the discreet life domains included in the Administration on Developmental Disabilities' Road Map to the Future. Common themes were placed together in outcome sections, with indicators that people said would provide the desired outcomes. These initial outcomes and indicators were taken to further meetings.

There were five community forums held across the state. They presented an opportunity for additional public reflection and input. Review of various public service delivery providers took place through discussion, summaries of which were available from the previous state plan. People with developmental disabilities and family members expressed their satisfaction, or dissatisfaction, of various programs. Approximately 250 persons participated in the community forums. Each forum's comments were included in the next summary of objectives and indicators for discussion at future forums.

Following the community forums, council staff organized focus groups to review the public comment obtained at the five forums. The focus groups included persons deemed by staff and council to be experts in the goal content areas of the current state plan. There was consideration for consumer participation, council membership, racial and geographic representation in all focus groups. The groups reviewed information from the forums and developed draft projects that would address identified needs and concerns. These draft projects were presented to the full council for consideration, discussion and refinement at its open meetings. Members of the public were given an opportunity to provide input.

Following two council meetings devoted to review and refinement, a third meeting yielded final approval. Specific dollar amounts were assigned to projects and a spending plan was developed.

This review, with its various levels of community input, refinement by experts to develop projects, and council consideration, created the plan being presented by the council for approval by the Administration on Developmental Disabilities. Public comment was encouraged at all levels.

ANNUAL STATE PLAN REVIEW

The Michigan Developmental Disabilities Council annually reviews its state plan and objectives of the plan. A retreat format is used to review potential changes. This retreat is conducted under the Open Meetings Act. People are notified through the council's publication, *Monday Update*, of the opportunity to provide comments. The Council of RICC Chairs (CRC), representing the 46 Regional Interagency Coordinating Committees across the state, are invited. CRC provides significant consumer input as does additional collaboration with other agencies through the Disability Voice. These Disability Voice agencies are: Statewide Independent Living Council, Michigan Rehabilitation Council, State Technology Project, Michigan Rehabilitation Services, Michigan Commission on Disability Concerns, Michigan Commission for the Blind and Michigan Department of Transportation. Through its town forums, Disability Voice also provides the council with current consumer, family and provider input that is incorporated into the annual review.

The review is designed to reflect current economic, political and social changes that have occurred since the plan was first written, as well as significant comments from consumers and families. This annual review produces a plan amendment that is sent to the Administration on Developmental Disabilities, if necessary.

SCOPE OF SERVICES

Following are a description and analysis of programs in Michigan that provide supports or other services to people with disabilities and their families. The 43 programs described include a variety of issues and are administered by a number of state agencies or advocacy groups. The information was obtained from key agency staff who work directly with, or are responsible for, administration of the various programs. The section labeled "Effectiveness" provides context of how these various programs work to promote and enhance the independence, integration, inclusion and productivity of people with disabilities and their families. The "Eligibility" section of these reports is not intended to reflect a full discussion of eligibility requirements for these programs. It is intended to be used to give general information. Anyone interested in a specific eligibility determination should contact the state department or agency responsible for the administration of the program.

Department of Civil Rights

CIVIL RIGHTS

PROGRAM/SCOPE: The Michigan Civil Rights Commission was created by the Michigan Constitution. The program has been recently re-engineered to provide prompt investigation of complaints and a more flexible process for resolving illegal acts of discrimination. The Michigan Department of Civil Rights is authorized by statute to investigate alleged discrimination against any person because of religion, race, color, national origin, age, sex, marital status or disability. Also, height, weight and arrest record are protected in employment, and multi-racial status is protected in employment and education.

The Persons With Disabilities Civil Rights Act states that “the opportunity to obtain employment, housing, real estate, and full and equal utilization of public accommodations, public services, and educational facilities without discrimination because of a disability is guaranteed by the Act and is a civil right.” Staff work with employer and consumer groups regarding civil rights for persons with disabilities. The Act also requires the department to “offer education and training programs to employers, labor organizations and employment agencies.” The department receives employment complaints for the federal Equal Employment Opportunity Commission and housing complaints for the federal Department of Housing and Urban Development.

Services provided include investigation, enforcement, conciliation, research and training

ELIGIBILITY: Any resident who believes she or he may have been discriminated against because of disability is eligible for protection.

EXTENT OF SERVICES: About three percent of the individuals who file complaints are persons with disabilities.

EFFECTIVENESS: Discrimination continues to exist despite the presence of strong civil rights laws. The Michigan Department of Civil Rights remain an important resource for fighting discrimination with both legal and educational tools.

Department of Community Health

CENTERS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

PROGRAM/SCOPE: There are two centers for persons with developmental disabilities in Michigan. They are state-operated facilities and are certified as ICF/MR. These Centers provide the level of comprehensive services required by the individual including individually required treatment, personal care, and supervision. In Michigan, except for judicial orders to evaluate, only persons who have the most severe levels of disability and for whom community resources cannot provide the supports necessary to maintain that person in the community are admitted to state facilities.

ELIGIBILITY: People admitted to DD Centers shall:

- 1) have a developmental disability as defined by the federal Developmental Disabilities Assistance and Bill of Rights Act and the Michigan Mental Health Code; and
- 2) require a program of active treatment as a continuous program that includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services that are directed toward (a) the acquisition of the behaviors necessary to function with as much self-determination and independence as possible, and (b) the prevention or deceleration of regression or loss of current optimal functional status.

Persons with multiple diagnoses also require the implementation of an individualized plan of care developed under and supervised by a physician and other qualified mental health professionals, that prescribe specific therapies and activities related to their diagnoses.

EXTENT OF SERVICES: The population of DD centers in Michigan has decreased from a high of 12,694 to the current level of 264 as of March 1, 2000.

EFFECTIVENESS: The movement from state institutions continues, but has slowed due primarily to the need to match specialized resources to the needs of residents with very complex or challenging needs.

CHILDREN'S SPECIAL HEALTH CARE SERVICES (CSHCS)

PROGRAM/SCOPE: Children's Special Health Care Services (CSHCS) is a program administered by the Department of Community Health that provides early identification, diagnosis and treatment of certain disabilities in children. CSHCS receives funds from the MCH Block Grant, federal match for beneficiaries with Medicaid coverage, and the state. The program includes the following services to children with disabilities and their families: diagnostic evaluations; assessment of family service needs; case management; assistance in locating appropriate subspecialists for care; payment for medical care and treatment and the parent participation program.

ELIGIBILITY: The target group for CSHCS is children with physical disabilities who have the potential for long term disability if untreated. These include, but are not limited to: cerebral palsy, cystic fibrosis, spina bifida, epilepsy, hemophilia and severe disabling conditions of the newborn. Those under 21 years of age who are suspected of having an eligible diagnosis qualify for a diagnostic evaluation. All other program services are available to: 1) people under 21 who have an eligible diagnosis; and 2) people of any age with cystic fibrosis or coagulation defects, i.e. hemophilia.

EXTENT OF SERVICES: The CSHCS program served almost 27,000 people during FY 99 with a program budget of over \$140 million in Title V, Title XIX, and state funds.

EFFECTIVENESS: The CSHCS program has been an important resource for families in receiving services from appropriate subspecialists regarding the CSHCS qualifying condition. It is also significant for those who wish to keep a child with severe disabilities at home by providing essential support services available through CSHCS. CSHCS is often the only resource available.

CHILDREN'S WAIVER PROGRAM

PROGRAM/SCOPE: The Children's Waiver program provides community-based services and supports to children with developmental disabilities who would otherwise be at risk of out-of-home placement into an institutional setting (ICF/MR). The waiver program is funded with Medicaid dollars and is based on legislation found in Title XIX of the Social Security Act. This legislation allows the state to waive the "deeming of parental income" rule. That is, parents' income must be considered unavailable to children with disabilities who would be eligible for Medicaid if they were in an out-of-home placement.

ELIGIBILITY: To be eligible for the Children's Waiver Program the child must have a developmental disability, as defined in the Michigan Mental Health Code, and meet criteria for admission to an intermediate care facility for the mentally retarded or persons with related conditions (ICF/MR). Additionally, the child must be less than 18 years of age and residing with his/her biological/adoptive parent but at risk of placement into an ICF/MR.

EXTENT OF SERVICES: The Children's Waiver Program is a statewide program. In FY 99 Medicaid-funded waiver services were provided to over 400 children enrolled in the program, at a cost of approximately \$20,227,000.

EFFECTIVENESS: The Waiver program has been an important source of funding for Michigan for families who wish to maintain their child at home and provide a community-based, family-centered life for their child with disabilities. The program has had over a 95 percent success rate maintaining children in their natural homes. These children have often experienced improved health and independence that can be attributed to the quality of care provided to them while residing at home and receiving necessary support services.

EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT PROGRAM (EPSDT)

PROGRAM/SCOPE: The purpose of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program is to discover potential health and/or developmental problems in children as early as possible to assure early intervention. EPSDT is a federally mandated Medicaid program, administered in Michigan by the Department of Community Health, through the Medical Services Administration. Comprehensive providers are required to administer a series of assessments, tests, and measurements following specific program policies and procedures. The basic EPSDT screen provides the equivalent of a "well baby/child" examination.

ELIGIBILITY: The EPSDT screening process is available to infants, children and adolescents under age 21 who are on Medicaid by their 21st birthday, participants may be screened 20 times, or more if medically necessary, following a prescribed, periodic schedule.

EXTENT OF SERVICES: QHPs and SHPs providing services to children must provide EPSDT and report on required components. Most local health departments focus on outreach services for EPSDT. Required service components include: health history, complete physical examination, laboratory testing including blood testing for lead, vision and hearing screening, developmental assessment, review of immunization status, interpretive conference, health education, and anticipatory guidance.

EFFECTIVENESS: The EPSDT program is important in identifying children with existing and potential developmental disabilities so they can receive diagnostic and treatment services at the earliest possible point. It is also an important component of the Early On Initiative (early intervention services) for children age 0-3. An aggressive outreach effort must continue to assure statewide awareness of EPSDT.

FAMILY SUPPORT SERVICES

PROGRAM/SCOPE: Family Support Services are provided through local community mental health (CMH) services programs. These services assist families in maintaining, as a family member, a child or adult with a developmental disability, in his or her own home. Services are provided to the entire family unit and are individually tailored to the unique needs of each family. Services included are: intensive family intervention, family services coordination, parent or other care giver training, habilitation skills training, psychological/behavioral treatment, other training services, permanency planning and adoption services, respite, and a cash subsidy program.

ELIGIBILITY: The target population of Family Support Services is persons (children and adults) with developmental disabilities and their families.

EXTENT OF SERVICES: All 49 CMH services programs are providing at least minimal level of family support services. For FY 98, CMH services program reported expenditures of approximately \$15.9 million for Family Support Services (including respite) and other than the family support subsidy. CMH services programs reported serving 2,204 persons with developmental disabilities in Family Support Services in FY 98 and 4,882 in respite services. (These numbers are assumed to be unduplicated for family support and respite services. If a family received both, it would be a duplicated count.)

EFFECTIVENESS: Michigan continues to be a leader in its provision of community-based Family Support Services. These services, along with the Family Support Subsidy, Children's Waiver and HAB Supports Waiver, assist in maintaining children and adults with developmental disabilities in their homes and communities.

FEDERAL MENTAL HEALTH BLOCK GRANT

PROGRAM/SCOPE: Federal Community Mental Health Services Block Grant funds are used to provide community-based services for adults with serious mental illness and children with serious emotional disturbance. Service initiatives are designed to carry out the goals and objectives of the Michigan Department of Community Health (MDCH) in accordance with the "State Comprehensive Mental Health Service Plan," approved by the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration. The Comprehensive Plan describes the state's public mental health system, established in Michigan's Mental Health Code, and operated through 49 Community Mental Health Service Programs (CMHSPs). The plan also describes MDCH intent to use Mental Health Block Grant funds to continue services and to foster service innovation and service development in this system of care.

ELIGIBILITY: As specified in the plan, MDCH allocates most of the funding to continue community based services for adults with serious mental illness and children with serious emotional disturbance in CMHSPs. Each year, a portion of the federal block grant funds is allocated for service innovations, service capacity development, service replications and evaluation activities. Funding decisions are based on proposals submitted in response to the criteria included in a Request for Program Proposals sent to Michigan's 49 CMHSPs.

EXTENT OF SERVICES: In FY 2000, one-time-only funding will be used to fund proposals targeted for adults in the following categories: Assertive Community Treatment, Clubhouse Programs, Consumer-run, Consumer-Delivered, Consumer-Directed Programs, Co-Occurring Mental Illness and Substance Abuse Programs, Vocational/ Employment, Jail Diversion, Older Adults, Person-Centered Planning, Persons with Serious Mental Illness who are Homeless, and Case Management. For children with serious emotional disturbance, one-time-only funding is being allocated to juvenile justice diversion

programs. Michigan's total allocation in FY 2000 is \$11,633,936. Of this amount approximately \$1.8 million is being targeted at one-time-only projects.

EFFECTIVENESS: Funding continues to support critical, community-based services for adults with serious mental illness and children with serious emotional disturbance. The block grant award assures continued community living opportunities for these individuals.

INDEPENDENT LIVING SERVICES

PROGRAM/SCOPE: The Independent Living Services program provides services, or payments to purchase services, that will maintain people with disabilities in their own homes or other independent living arrangements. Services included under the ILS program are case management, counseling, education and training, employment, family planning, health related services, home help, homemaking, housing information and referral, money management and physical disabilities services.

ELIGIBILITY: The following individuals are eligible for Independent Living Services:

- SSI recipients who need services
- Medicaid recipients who need services

EXTENT OF SERVICES: The ILS program serves a monthly average of 4,645 people with developmental disabilities.

EFFECTIVENESS: The Home Help program, which allows people with disabilities to select their own provider for non-specialized services, is an extremely important service for people who want to stay in their own homes. By providing funds directly to the consumer, the program also fosters self-determination and choice. Physical Disabilities Services is also very important because it allows for the purchase of home modifications and assistive devices that cannot be purchased through other funding sources. As more and more people with disabilities attempt to live as independently as possible, adequate funding of this program becomes a major concern.

OFFICE OF RECIPIENT RIGHTS

PROGRAM/SCOPE: The Michigan Department of Community Health Office of Recipient Rights (ORR) is established by the Mental Health Code. It provides direct rights protection services to recipients in state-operated hospitals and centers, as well as consultation to their family members.

Among the protection services provided are: prevention, education, training, monitoring and complaint resolution. The office also assesses the quality and effectiveness of the rights protection systems in the community mental health service programs in Michigan, as well as those systems in private psychiatric hospitals and units licensed by the state.

ELIGIBILITY: Any individual receiving services from a state-operated psychiatric hospital or center for persons with developmental disabilities is eligible for rights protection services from the ORR.

EXTENT OF SERVICES: In FY 98-99, 3,302 recipient rights complaints were filed by patients in state-operated hospitals and centers. Of these, 530 cases were opened for investigation; 2,007 interventions were done by the ORR staff (intervention is a process on behalf of recipients to obtain resolution of an allegation of a rights violation through steps other than investigation); and 669 complaints did not involve a code-protected right. Of the cases opened for investigation, 114 were found to be substantiated rights violations.

Seventeen of 49 community mental health service programs (CMHSP) were assessed in FY 98-99 regarding compliance with standards for rights protection systems established by the department. These assessments were conducted on-site. The remaining CMHSP rights systems were assessed through review of the statutory Annual Rights Report and accompanying documentation.

EFFECTIVENESS: Despite strengthening of the rights of recipients of mental health services by the amendments to the Mental Health Code, much work needs to be done by ORR in the areas of awareness and education for consumers and their family members. With the advancement of managed care and person-centered planning, much also remains to be done in the areas of training and assuring quality public mental health and recipient rights promotion and protection services. The ORR continues to act as a resource for providers as well as consumers in this regard.

OLDER ADULTS WITH DEVELOPMENTAL DISABILITIES

PROGRAM/SCOPE: Programs operated by the public mental health system and Office of Services to the Aging continue to provide services to older persons with developmental disabilities. The reorganization of the Department of Community Health implemented in May, 1997 included the Office of Services to the Aging as a Type One Agency within the department.

This reorganization helped to integrate efforts of the mental health system and the aging network in serving the needs of older persons with developmental disabilities. A staff member of the Office of Services to the Aging continues to serve as a member of the Developmental Disabilities Council and as a focal point for addressing developmental disabilities issues in the aging network.

ELIGIBILITY: Programs funded by the Older Americans Act continue to be available to people who are 60 years of age and older. Public mental health services continue to be available to residents of developmental disabilities centers, contract homes, nursing homes, adult foster care homes, homes for the aged and those who live independently or with their families.

EXTENT OF SERVICES: Primary data from 1999 indicate Community Mental Health Services Programs (CMHSPs) served 1,807 people with developmental disabilities who were 65 and older. In FY99, 207 pre-admission screenings were completed for people with developmental disabilities and 726 annual resident reviews were completed for people with developmental disabilities residing in nursing homes.

For those people in nursing homes, where numbers have declined, services continue to be provided by CMHSPs. Pre-admission numbers remain steady, however total number of pre-admission screenings completed for people with developmental disabilities, as a percentage of the total, is down from 7.2 percent to 6.5 percent.

EFFECTIVENESS: The developmental council funded projects targeted at developing community capacity for inclusion of older persons with developmental disabilities. These included the Aging Families and Aging Families Dissemination Grants. Resource materials on aging and developmental disabilities continue to be available through the Mental Health and Aging Education Consortium Project at Lansing Community College.

SUPPORTED EMPLOYMENT

PROGRAM/SCOPE: Supported employment programs increase independence, productivity, community involvement and self-esteem of people with disabilities through the prof real work in integrated settings. It enables people with disabilities to work and earn wages in the community alongside others who do not have disabilities.

With the help of a job coach, who guides and prompts the worker as needed, the worker develops the skills needed for more independent work. Supported employment services may include outreach, case management, assessment, job development, job-worked matching, job placement, job coaching, evaluation of worker productivity, counseling, transportation, and long term supports to maintain employment and employer and community relations.

ELIGIBILITY: To participate in the supported employment program, a person must have a disability so severe that he or she would not be able to work without ongoing support services. Ongoing support services must be provided to each worker for as long as needed.

EXTENT OF SERVICES: All Community Mental Health Service Programs (CMHSPs) in Michigan report that they have provided or arranged for supported employment services for some of their consumers. Continuing efforts are being made to increase the number of consumers being given the option of supported employment. All CMHSPs are monitored on employment related performance indicators and quarterly reports are issued by the Department of Community Health (DCH). The performance reports show CMHSP outcomes individually and in relation to other CMHSPs.

EFFECTIVENESS: A 1991 comprehensive survey of all state programs, completed by Western Michigan University, found that 2,762 persons were in supported employment. The DCH report of March 1996 reported that 4,906 persons were in supported employment. The DCH report of March

2000 shows a total of 7,599 persons in supported employment, 68 percent (5143) of whom were persons with developmental disabilities. This is a 42 percent increase in the number of persons with developmental disabilities in integrated work settings since 1996 and a 134 percent increase since 1991. Of the total of persons with developmental disabilities, 75 percent are working 10 or more hours per week and 66 percent were earning at least the federal minimum wage.

TITLE V MATERNAL AND CHILD HEALTH (MCH) BLOCK GRANT

PROGRAM/SCOPE: The basic Maternal and Child Health Block Grant enables states to maintain and strengthen their efforts to improve the health of all mothers, infants, and children, including children with special health care needs. Particular concern is for those with limited access to care.

ELIGIBILITY: Only states are eligible to receive these funds directly. States must submit an annual application, conduct a needs assessment every five years, and annually report on their expenditures and progress toward goals and objectives.

EXTENT OF SERVICES: The Title V MCH Block Grant allocation to Michigan for FY 00 is \$20,627,000, the same level as the previous year.

EFFECTIVENESS: This program supports health care and wraparound services for women and children to improve pregnancy outcomes, reduce morbidity and mortality, and improve the health and development of children and provides speciality services and care coordination for children with special health care needs.

MICHIGAN SELF-HELP CLEARINGHOUSE

PROGRAM/SCOPE: The Michigan Self-Help Clearinghouse (MSHC) , a program of Michigan Protection and Advocacy Service, Inc., is the statewide resource center for self-help, support group information. Funded by a grant from the Michigan Department of Community Health, MSHC provides information, consultation and educational services to anyone interested in finding, starting, maintaining or supporting a self-help, mutual support group. MSHC staff keep an updated computerized data base of more than 2500 groups in Michigan. Callers may contact MSHC toll-free from anywhere in Michigan to get group information - 1-800/777-5556 Voice or TTY

ELIGIBILITY: All people in Michigan can use the resources of MSHC. People of other states also draw on the resources of MSHC but to a lesser extent.

EXTENT OF SERVICES: During FY 1999 14,635 group referrals were provided to 4,878 callers. The most common caller requests were for groups dealing with health and mental health issues. MSHC's group consultation service assisted 66 people in starting self-help, support groups and 21 new groups started during the year. MSHC publishes a directory of groups and a quarterly newsletter, Helping Ourselves.

EFFECTIVENESS: Self-help, mutual support is a major factor in wellness and quality of life especially for people dealing with the consequences of disability, illness, addiction, grief and/or loss of loved ones. Outreach efforts in the future will be increased to reach people through managed care organizations and other human services providers.

Department of Consumer & Industry Services

ADULT FOSTER CARE LICENSING

PROGRAM/SCOPE: In Michigan, Adult Foster Care (AFC) Homes are authorized, defined and regulated under the provisions of P.A. 218 of 1979, as amended, the Adult Foster Care Facility Licensing Act. This act regulates homes in the categories of: 1) family homes (private home up to six residents); 2) small group homes (up to 12 residents); 3) large group homes (13 to 20 residents); and 4) congregate care facilities (facilities with 21 or more residents).

Licensing, oversight and regulation of these homes are the responsibility of the Michigan Department of Consumer and Industry Services. As defined by the act, foster care is defined as “the provision of supervision, personal care and protection, in addition to room and board for 24 hours a day, five or more days per week and for two or more consecutive weeks for compensation.” This AIS/MR program was eliminated two years ago.

ELIGIBILITY: All homes meeting the definition of Adult Foster Care must be licensed.

EXTENT OF SERVICES: Michigan has over 4,400 AFC homes serving approximately 34,000 adults. Of these, 1,352 are family, 2,621 are small group, 454 large group, and 16 are congregate. The 82 licensing field consultants handle about 1,000 license applications and 1,700 complaints each year.

EFFECTIVENESS: PA218 requires biennial license inspections. Provided that resources are available, AFC licensing staff conduct annual interim licensing inspections of adult foster care facilities to further assure the health and safety of residents.

BARRIER FREE DESIGN

PROGRAM/SCOPE: Accessibility within the built environment in Michigan has long been the focus of the Michigan Barrier Free Design Law. The initial act was adopted in 1966 (P.A. 1, 1966) and revised under Act No. 177 of the Public Acts of 1975. The purpose was to expand the scope of application to include all building types where employment opportunities exist, or where services to the public were available.

This law now provides the basis for accessibility by all persons throughout all buildings and structures. The law provides for: the development of standards for construction and remodeling of buildings and structures; the investigation of complaints of noncompliance; review and approval of alternative methods of achieving compliance; and the granting of variances from the requirements.

ELIGIBILITY: All new construction and alterations of existing buildings are required to provide for access by all persons.

EXTENT OF SERVICES: Through state and local code administration agencies, the requirements are applied at the time of construction. This method of administering the law includes plan reviews prior to construction, on-site inspection during construction, and a final review before occupancy is granted. Additionally, the investigation of complaints of noncompliance includes a system involving local and state code officials.

EFFECTIVENESS: This system of application has provided for the safe access of all buildings and structures. Staff within the Bureau of Construction Codes provide oversight for the effective administration of these regulations. The Department of Consumer and Industry Services is committed to devoting the necessary resources to assure the continued effectiveness and success of the program.

HOME FOR THE AGED PROGRAM

PROGRAM/SCOPE: In Michigan, Homes for the Aged (HFA) is defined and regulated by Michigan licensure statute, Public Act 368 of 1978, and the Life Safety Code of Act 207, Public Acts of 1941, and its amendments. Home for the Aged means a supervised personal care facility other than a hotel, adult foster care facility, hospital, nursing home, etc., that provides room, board and supervised personal care to 21 or more unrelated, non-transient individuals age 60 or over.

A Home for the Aged includes a supervised personal care facility for 20 or fewer individuals, age 60 or older, if the facility is operated in conjunction with, and as a distinct part of, a licensed nursing home. Licensing, oversight and regulation of these homes is the responsibility of the Michigan Department of Consumer and Industry Services.

ELIGIBILITY: All homes meeting the definition of Home for the Aged must be licensed.

EXTENT OF SERVICES: Michigan has over 170 HFA homes serving approximately 13,000 residents. The HFA program responds to over 400 requests per year for licensing information, including applications, as well as responding to telephone inquiries.

EFFECTIVENESS: HFA licensing staff conduct annual, unannounced surveys of HFA facilities. Facility Plans of Correction for cited deficiencies are reviewed, approved and monitored to assure the health and safety of residents.

NURSING HOME LICENSING AND CERTIFICATION

PROGRAM/SCOPE: For Michigan licensure purposes, nursing homes are defined and regulated under provisions of Act 368 of 1978 as amended (Public Health Code). The code definition is "a nursing care facility, county medical care facility, but excluding a hospital or facility created by Act 152 of Public Acts of 1985, as amended, that provides organized nursing care and medical treatment to seven or more unrelated individuals suffering or recovering from illness, injury, or infirmity." Under this definition, hospital long term units are not licensed as nursing home, but rather as part of the overall hospital license.

ELIGIBILITY: All facilities meeting the definition of a nursing home must be licensed. Nursing home participation in the Medicare and Medicaid programs is voluntary.

EXTENT OF SERVICES: Michigan has 450 nursing homes, with a capacity of about 51,000 beds. The statewide average resident census in those beds is about 90 percent at any given time. Regulation is accomplished through the Division of Nursing Home Monitoring, Field Services Lansing/Gaylord, and Field Services Detroit/Special Services Section. Each home is inspected an average of every 12 months and additional visits may be made for follow-up on correction of deficiencies and for complaint investigations. Complaints involving nursing homes are handled by the division of operations.

EFFECTIVENESS: The survey protocols for inspections of nursing homes are very detailed. They include sampling residents for detailed evaluations of adequacy of facility services in key areas such as resident quality of life, quality of care, and residential rights. Full effectiveness is constrained by survey staff reductions in recent years.

Department of Education

THE EARLY ON® PROGRAM

PROGRAM/SCOPE: The Early On® Program is administered by the Michigan Department of Education in collaboration with the Department of Community Health and the Family Independence Agency. The program helps children, birth through age two, who need early intervention services because of developmental delays in one or more of the following areas: cognitive, physical, language/speech, psycho social development, self-help skills; or who have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

The system provides an Individualized Family Service Plan for eligible infants and toddlers and families. A "child find" system locates infants and toddlers in need of services. Services include early intervention services necessary to meet the developmental needs of the child and related family support needs.

ELIGIBILITY: Eligibility includes children from birth to age two who are experiencing developmental delays as measured by appropriate diagnostic instruments and procedures in one or more of the areas listed in the above descriptions, and/or who have a diagnosed physical or mental condition that has high probability of resulting in a developmental delay.

EXTENT OF SERVICES: Statewide early intervention services are coordinated through 57 service areas with intermediate school districts functioning as fiscal agents. Local Interagency Coordinating Councils (LICCs) function in an advisory capacity. The Dec. 1, 1999 count of infants and toddlers was 11,231 being served in a 12-month period. Service coordination includes Special Education, Children's Special Health Care Services, Community Mental Health Services, Family Independence Agency, and others.

EFFECTIVENESS: Early intervention is important for prevention, early planning for appropriate education, the provision of assistive technology, and the potential linking of families with other services. The Individualized Family Service Plan also recognizes the importance of the family and their input into the planning process for their child. It also acknowledges that the family has its own needs which must be addressed.

GRANTS UNDER INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

PROGRAM/SCOPE: IDEA, administered by the Michigan Department of Education, Office of Special Education Services, provides for four distinct types of funding for special education in Michigan. These include: 1) Flow-through funds, used to cover the cost of any of the programs covered under the Special Education Rules for students ages 3 through 21; 2) State discretionary grant funds used to develop model programs that enhance special education programs; 3) Preschool incentive grants, used for expansion and enrichment of programs for students with disabilities, ages 3 through 5, and 4) personnel development funds under a State Improvement Plan designed to increase the performance of students with disabilities.

ELIGIBILITY: Eligibility for each funding source is discussed in greater detail in separate program descriptions.

EXTENT OF SERVICES: Flow-through and preschool incentive grants, available to students with disabilities ages 3 through 21, represent 200,000 students with disabilities enrolled in special education on Dec. 1, 1999. This count will generate an estimated \$163,000,000 for the 2000-2001 school year. An additional \$12,000,000 in preschool grant funds flow through to intermediate school districts and their constituents for direct service of preschool programs and services. Michigan will receive approximately \$1.3 million annually over the next four years to support personnel development under its State Improvement Plan. It is estimated that revenue from IDEA funds will represent 5.7 percent of the total cost of special education, excluding transportation for the 2000-2001 school year.

EFFECTIVENESS: Michigan has the broadest special education mandate of any state, providing services to students with disabilities to age 26. Michigan was also one of the first states to provide services to the 3-to-5 age group, and is one of the few states providing services to the birth-to-age-3 group. The Department of Education is challenged to develop a more integrated delivery system for special education, particularly at the preschool level. The department is also pursuing policy changes that support pre-referral services, early intervention and more successful transition services.

SPECIAL EDUCATION PRESCHOOL INCENTIVE GRANTS

PROGRAM/SCOPE: The Preschool Grant Program, administered by the Office of Special Education Services, Michigan Department of Education, provides funds to offset the cost of education to children with disabilities, ages 3 to 5. Children age 2, and who will be 3 during the school year, may also participate. Funds are provided on a grant basis to intermediate school districts to develop special education programs and services for eligible children in cooperation with their constituent districts. Funds may be used for child identification, screening and the full range of special education programs and services available under Michigan's special education rules.

ELIGIBILITY: Children who will become age 3 during the school year are eligible for services until they reach age 6. Since Michigan's special education law requires free, appropriate public education for children with disabilities, funds are used to supplement available resources for services and programs. The use of funds is determined by the intermediate school district (ISD), which submits a grant proposal to the Office of Special Education detailing how funds will be used to enhance the special education system.

EXTENT OF SERVICES: The grant award for the 1999-2000 school year for Michigan is \$12,368,808, based on a pupil count of 18,952. The state can use up to 5 percent for administrative costs and 20 percent for state-initiated projects. In Michigan, the money typically flows through ISDs, with the exception of a small amount that covers technical assistance to local ISDs.

EFFECTIVENESS: Funds available for Child Find help to ensure that children who may have a disability are referred and evaluated to determine their need for special services. Funds also cover the cost of evaluating, planning and implementing direct services to children with disabilities. The majority of funds are used for direct services to children with disabilities within the eligible age category.

CAREER AND TECHNICAL EDUCATION:

THE CARL D. PERKINS VOCATIONAL AND TECHNICAL ACT OF 1998

PROGRAM/SCOPE: The Office of Career and Technical Education, Michigan Department of Career Development, administers this program that helps secondary and post-secondary institutions design, develop and implement career and technical (vocational) education programs. The programs are targeted to all students, however, local districts must determine and describe how they will provide services to “special populations.” Included in special populations are individuals with disabilities. Other special population groups are economically disadvantaged people (including foster children), individuals preparing for nontraditional employment, single parents (including single pregnant women), displaced homemakers, and individuals with other barriers to educational achievement. This includes people with limited English.

ELIGIBILITY: People who are members of special populations groups receive the same access to programs and activities as other students and they are integrated into programs in the least restrictive environment. Students with disabilities, with or without an individual education plan, are afforded rights under Section 504 of the Rehabilitation Act of 1973.

EXTENT OF SERVICES: Use of funds to provide services to special populations students, including disabled students, is permissible. Under the Act, there is no set-aside funding for special populations students, including students with disabilities. Funds may be used to purchase special tools, services, equipment, reader services, etc., for students with disabilities who are enrolled in approved career and technical education programs. Services for disabled students are coordinated with other education and training programs providing services to these institutions.

EFFECTIVENESS: The Act requires that those accepting funds meet accountability requirements. These requirements include performance indicators that are reported for the total population and for each special population group. Over time, failure to meet the accountability performance indicators can result in loss of funds. The performance indicators:

- academic achievement
- vocational technical achievement
- placement
- participation in, and completion of, nontraditional programs by gender.

Family Independence Agency

ADULT COMMUNITY PLACEMENT

PROGRAM/SCOPE: The Adult Community Placement (ACP) program, administered by the Michigan Family Independence Agency (FIA), helps people with developmental disabilities and their families to locate and access services that will enable them to live in settings other than their own homes. The setting is, to the extent possible, based on the needs and choices of the individual and may include licensed Adult Foster Care homes, Homes for the Aged, and, when other alternatives are not available, nursing homes. Services available in the ACP program include: placement, case management, referral to other needed programs, payment for personal care/supplemental payments in AFC/HA, and Physical Disability Services.

ELIGIBILITY: ACP services are available to all adults 18 years of age or older who need pre-placement, placement or post-placement services. The ACP program does not use a formal disability definition. Eligibility depends on functional limitations and the need for licensed residential services.

EXTENT OF SERVICES: FIA estimates that of the average monthly caseload of 6,524 people who received ACP services in FY 1999, 24 percent or 1,877 were people with developmental disabilities. The budget for the personal care state supplement for FY 2000 is \$29,162,900. The ACP program is part of the local office adult services worker allocation, which includes about 550 staff for all adult programs

EFFECTIVENESS: In addition to placements, the ACP program also serves an important function in its follow-up client services management and advocacy role. The worker in effect becomes a broker for other needed services including education, employment, mental health, financial assistance, etc. Advocacy activities may include resolving income issues such as SSI/SSDI or Medicaid, assisting the AFC resident to locate more independent community living arrangements when appropriate and assisting with school transition issues. These activities are all important in helping people with disabilities become as independent and productive as possible.

ADULT PROTECTIVE SERVICES

PROGRAM/SCOPE: The purpose of the Adult Protective Services Program, administered by the Michigan Family Independence Agency (FIA), is to help assure the safety of vulnerable adults who are, or may be, in danger of being abused, neglected or exploited. Services include timely investigation of dangerous situations, crisis intervention, supportive services, and assistance with legal action when necessary and appropriate.

ELIGIBILITY: The program's target population includes adults (18 years or older) who are vulnerable and in danger of being abused, neglected or exploited. Income or disability are not considered for eligibility.

EXTENT OF SERVICES: During FY 1999 the FIA substantiated over 7,000 complaints of this number:

- 14 percent represented individuals with developmental disabilities
- 21 percent represented individuals who were mentally impaired

EFFECTIVENESS: Adult Protective Services may intervene whenever abuse to persons with disabilities is suspected. For example, when an adult with a disability seeks to become more independent, family members may be reluctant to "allow" the person to move to a more independent setting. The family member may control the person's funds and fear losing the money. Adult Protective Services can provide immediate protection from this kind of exploitation as well as from abuse and neglect. They may also facilitate the adult's move toward independence by introducing the array of community services available.

CHILD WELFARE SERVICES-ADOPTION ASSISTANCE

PROGRAM/SCOPE: This federal/state grant program, administered by the Michigan Family Independence Agency (FIA), helps states provide subsidies for the adoption of children with special needs. Funds may be used for adopted children until they are 18 years old or until 21 years of age if the child is completing a high school education.

A related program, the adoption Opportunities Program, provides discretionary grants to nonprofit agencies who are involved in adoption services and research on child welfare. These grants fund special demonstration projects in special needs adoptions, including adoption of children with developmental disabilities. Children who are members of racial and ethnic minority groups receive special emphasis in this program.

ELIGIBILITY: Children are eligible if they 1) are in foster care for four months prior to adoption and receive foster care payments and 2) a reasonable search is made to place the child without adoption assistance, or the placement is the only placement in the best interest of the child, and the adoptive parent is requesting support subsidy.

EXTENT OF SERVICES: FIA figures show that a total of 1,010 finalized adoptions took place in FY 1999 by FIA and 1,407 by private agencies. Of this total, 1,343 had no disabilities while 1,074 were "physically, mentally or emotionally disabled". The total adoption subsidies budget for FY 1999 was approximately \$121,902,000.

EFFECTIVENESS: Adoption assistance is an important resource for children with special needs including those with developmental disabilities. By increasing adoption opportunities these children will be able to participate in the life of their communities with the support of loving families. It is important, however, that FIA strengthen its data collection capacity to identify children with developmental disabilities so that appropriate support needs can be met.

CHILD WELFARE SERVICES-FOSTER CARE

PROGRAM/SCOPE: This federal formula grant program, administered by the Michigan Family Independence Agency (FIA), helps the state provide services to eligible children who need foster care. The grants may be used for the actual provision of services to children who are eligible, the development and maintenance of efficient program administration, and the training of child welfare staff. Children with developmental disabilities may be included in the children served by this program.

ELIGIBILITY: Children are eligible if they qualify under Aid to Families with Dependent Children, are determined by the Juvenile Court to need foster care, and are in the care of the Family Independence Agency.

EXTENT OF SERVICES: FIA reports that 19,286 foster care cases were open on April 30, 2000. Because of a limited data reporting system, it is difficult to know how many of these children have developmental disabilities.

EFFECTIVENESS: Although it is clear that many children with disabilities are in foster care, it is difficult to identify what types of disabilities are represented because of a limited reporting capacity. It is therefore critical for the agency to increase its data collecting capacity to identify children with disabilities more specifically to assure that appropriate supports are being provided.

CHILD WELFARE SERVICES-STATE GRANTS

PROGRAM/SCOPE: This federal formula grant program, administered by the Michigan Family Independence Agency (FIA), establishes, extends and strengthens child welfare services provided by state and local public welfare agencies. Its purposes include enabling children to remain in their own homes or, when that is not possible, providing alternative permanent homes. Grants may be used for a number of services including: the cost of personnel to provide protective services to children; licensing and standard-setting for private child caring agencies; homemaker services; return of runaway children; and prevention and reunification services.

ELIGIBILITY: All families and children in need of child welfare services are eligible.

EXTENT OF SERVICES: Funds for foster care and adoption assistance under this program are limited. Descriptions of these programs, the numbers of families served and their budgets are noted earlier in this section.

EFFECTIVENESS: Because of a somewhat limited data base regarding specific types of disabilities, it is difficult to assess the impact of this program on children with disabilities. Families served by the program have children with special needs involving mental, physical, emotional and developmental challenges who require the specific services provided by the program.

The Early On program, in particular, services children under three years of age with developmental disabilities. It is clearly an important program for families who are attempting to keep their children with severe disabilities at home.

MICHIGAN COMMISSION FOR THE BLIND

PROGRAM/SCOPE: The mission of the Michigan Commission for the Blind (MCB), which operates within the Family Independence Agency, is to provide people who are blind or visually impaired with opportunities for employment and independence through a variety of service programs. These include:

- 1) Rehabilitation services, which include vocational evaluation, training and placement services to working age people who are legally blind;
- 2) The MCB training center in Kalamazoo that provides nearly 17,000 hours of instruction yearly in braille, mobility, adaptive living skills and specialized technology;
- 3) The Business Enterprise Program (BEP) which licenses people who are blind to operate vending locations in private, federal and state buildings, including cafeteria operations;
- 4) The Independent Living Rehabilitation (ILR) program that provides a variety of specialized services to elderly individuals and people with multiple disabilities statewide;
- 5) The Youth Low Vision (YLV) program that purchases comprehensive low vision evaluations and specialized glasses for youth with vision acuity of 20/70 or less;
- 6) The Client Assistance Program (CAP) which helps clients with problems in vocational and independent living services and provides support for the MCB's Consumer Involvement Council.

ELIGIBILITY: Eligibility criteria include, a) 20/200 or less in the better eye or a vision field of 20 degrees or less, b) blindness is a handicap to employment, and c) there is a reasonable expectation that services will result in employment.

EXTENT OF SERVICES: The MCB consists of 112 full time employees providing statewide rehabilitation services.

EFFECTIVENESS: The MCB has been very effective in advocating for, and providing services to, people who are blind or visually impaired. MCB's existing strategic plan is currently being revisited through our Vision 20/20 initiative. MCB is also seeking to secure additional funding to assure continuation of current service levels.

MICHIGAN COMMISSION ON DISABILITY CONCERNS

PROGRAM/SCOPE: Appointed originally in 1949 by Gov. G. Mennen Williams, and established under state law by PA 11 in 1968, the Michigan Commission on Disability Concerns (MCDC) serves as the only state agency that responds to, and advocates on behalf of, issues affecting all of Michigan's 1.7 million citizens with disabilities. The 21 Governor-appointed commissioners serve in an advisory capacity and provide the perspectives of people with disabilities, the business community and education and human services.

The Commission seeks to change what it means to be a person with a disability in Michigan by promoting greater understanding of people with disabilities and their abilities. The section serves as an advocate and an information and technical assistance source to: employers; other state agencies; people with disabilities; families; and the general public. In addition, the commission provides state and federal disability civil rights training and technical assistance, as well as disability awareness training..

The complexities of information, referral and technical assistance functions have greatly increased since the passage of the American with Disabilities Act (ADA). While increasing efforts to work with business and industry to provide employment opportunities for people with disabilities, the Commission has also established the Business Leaders' Network. This group of 25 businesses is committed to educating other employers about the benefits of the ADA and hiring people with disabilities.

ELIGIBILITY: Services are available to: Michigan's 1.7 million people with disabilities; the state's employers; public and private non-profits and all other Michigan citizens.

EXTENT OF SERVICES: In addition to information, technical assistance and training, the Commission also planned, in conjunction with 25 other agencies, a Michigan Youth Leadership Forum for 30 high school juniors and seniors in July, 2000. Objectives included leadership and career development skills for young Michigan citizens with disabilities.

EFFECTIVENESS: MCDC has been a major player in, and has had a major impact on, ADA implementation for both public and private sectors in Michigan. The agency also plays an important role in enhancing employment opportunities for people with disabilities. This is accomplished through MCDC's work in: creating important links with employers and making society aware of the strengths and abilities of people with disabilities and the economic advantages of investing in those abilities.

DIVISION ON DEAFNESS

PROGRAM/SCOPE: The Division on Deafness (DOD) of the Michigan Commission on Disability Concerns, located administratively in the Family Independence Agency, advocates for, and makes its services available to, the estimated 600,000 deaf and hard of hearing Michigan residents. Services include: interpreter service to state government agencies; qualifying interpreters; advocating for individuals and groups; publishing the annual TTY, Service and Interpreter Directory; presenting orientation to deafness seminars; providing technical assistance to government and businesses on communication accessibility; and reporting on legislation affecting the deaf and hard of hearing population. The DOD's advisory council consists of 13 gubernatorial-appointed members, who provide a deafness and hard of hearing perspective on a variety of issues.

ELIGIBILITY: Although the target population is the 600,000 people in Michigan who are deaf and hard of hearing, information and assistance is available to all Michigan citizens.

EXTENT OF SERVICES: The DOD qualifies approximately 120 interpreter candidates per year, and administers a continuing education program for 300 certified, qualified interpreters.

EFFECTIVENESS: The Quality Assurance Interpreter program promotes accurate communication between deaf and hearing persons in Michigan schools, colleges, courts, government units and places of employment. The provision of direct interpreting to state agencies, the Legislature and the Governor assures that citizens who are deaf and hard of hearing have equal communication access to any government official or workers and vice versa.

STATE DISABILITY ASSISTANCE

PROGRAM/SCOPE: The State Disability Assistance (SDA) program, administered by the Michigan Family Independence Agency, provides subsistence level assistance to people who are unable to work and do not qualify for federally financed assistance or require additional assistance. Assistance is in the form of direct cash grants to people or to vendors. SDA is available to those whose illness is not long enough in duration to qualify them for SSI. Recipients are also eligible for the State Medical Program which covers visits to a physician and prescribed medications.

ELIGIBILITY: To be eligible for SDA an individual must:

- Have less than \$3,000 in cash, savings or checking;
- Effective July 1, 1997, autos and other noncash assets are not counted;
- Be willing to apply for money from other sources such as SSI and SSDI, insurance, etc.;
- Meet the state disability definition; and
- The income and assets of the disabled person's spouse with whom they are living are also counted.

EXTENT OF SERVICES: For FY 1999 the average SDA caseload was 7,639 per month, the average total statewide payment was \$1.75 million per month, and the average payment per case was \$229 per month.

EFFECTIVENESS: The SDA program can be a very important source of income for people with disabilities. It is used primarily during the SSI/SSDI application and appeals process which can continue for extended periods. While on SDA, individuals are permitted to work.

SUPPLEMENTAL SECURITY INCOME

PROGRAM/SCOPE: Supplemental Security Income is a federally-funded program administered by the Social Security Administration under Title XVI of the Social Security Act. It provides direct cash payments to people who are 65 or older, blind or disabled. The program is needs based with specific income and resource limits. SSI is an income maintenance program to help recipients meet basic needs. In addition to a monthly check, recipients also receive automatic Medicaid eligibility through the Michigan Family Independence Agency (FIA). There are also special work incentives to encourage people with disabilities to attempt work without jeopardizing needed SSI benefits.

ELIGIBILITY: To be eligible, an individual living independently must have a countable income of less than \$498 a month. A couple must have less than \$754. Some income is excluded and does not count against the payment. Countable resource must not exceed \$2,000 for an individual and \$3,000 for a couple. excluded resources may include a home, household goods, a car and certain prepaid funeral expenses. Children under 18 are also eligible. Some of the income and resources of parents are considered in determining the child's eligibility for SSI.

EXTENT OF SERVICES: In FY 1999, an average 211,260 people who are blind or disabled in Michigan received SSI payments. The State of Michigan supplements monthly SSI payments by \$7.00 to \$179.30 depending on the recipient's living arrangements and circumstances.

EFFECTIVENESS: The SSI program is clearly a critical resource for people with disabilities in Michigan. It has significant advantages over state financial assistance programs in that it is less subject to political pressures, it received regular increases, and it includes automatic Medicaid eligibility.

Department of Career Development

CLIENT ASSISTANCE PROGRAM

PROGRAM/SCOPE: The Client Assistance Program (CAP) is the client rights mechanism authorized in the 1973 Rehabilitation Act as amended (The Act). Michigan Protection and Advocacy Service, Inc. operates the CAP under a contract with the designated agency, Michigan Department of Career Development/ Rehabilitation Services. CAP services are available statewide to applicants and participants in any program funded under The Act. These include: Michigan Rehabilitation Services at the Michigan Department of Career Development, Michigan Commission for the Blind, Centers for Independent Living, Consumer Choice Programs, Supported Employment and Transition Programs.

CAP exists to advise clients, client applicants and former clients of rights and services available to them under The Act. The major objectives of the CAP include: providing information and referral; describing and clarifying agency procedures and policy; facilitating clear and productive communication between service provider and the client-customer; receiving complaints and negotiating informal resolutions when possible; representing the client-customer in the appeals process to insure fair resolution of client grievances; and identifying systems problems and recommending appropriate systemic reforms. The CAP has the authority to pursue both administrative and legal remedies. The toll-free number for CAP is 1-800 -292-5896 Voice or TTY

ELIGIBILITY: Current clients, client applicants or former clients of all programs under The Act including programs offered by Michigan Rehabilitation Services, Michigan Commission for the Blind, Centers for Independent Living, Consumer Choice Programs, Supported Employment and Transition Programs. Service area is statewide.

EXTENT OF SERVICES: During FY 1999 the Michigan CAP provided information and referral services to 640 people, provided direct representation to 161 individuals, and trained 536 individuals on vocational rehabilitation services and Title I employment provisions of the Americans with Disabilities Act.

EFFECTIVENESS: The Client Assistance Program responds to all requests for assistance, regardless of the surface merit of those requests. Barriers to fully serving the eligible population are limited funding/staffing and public awareness of the program's existence.

MICHIGAN REHABILITATION SERVICES

PROGRAMS/SCOPE: The Vision of Michigan Rehabilitation Services (MRS) is to collaborate with business, education and human service partners to ‘create’ inclusive opportunities so that all people with disabilities have the choice to engage in meaningful work and enjoy independence. The Mission of MRS is to assist individuals with disabilities to achieve employment and self-sufficiency. MRS is an agency of the Department of Career Development and a partner in the One-Stop Michigan Works Centers for provision of employment and training services. MRS helps people prepare for, enter, engage in, or retain employment with a variety of services that are planned to meet the needs of the customer.

Based on an assessment of eligibility and the need for services, the Michigan Rehabilitation Counselor assists the individual in developing an Individual Plan for Employment (IPE). The IPE reflects the vocational goal of the individual, specific services needed to achieve that goal, vendors selected by the customer, and time frames for completion of the plan. The counselor provides vocational counseling and guidance, and coordination of services and resources. Examples of services may include assistance with training, job placement, assistive technology, job accommodations, or physical and mental restoration. Services to businesses include job retention, return of injured workers, pre-screened worker referral, job site accommodations, ADA information, and disability awareness training.

ELIGIBILITY: Applicants are eligible for services if they have a physical or mental impairment that constitutes a substantial impediment to employment, and agency services are required to prepare for, enter, engage in, or retain employment. Eligibility will continue to be reassessed throughout the rehabilitation process. If at any time, the customer is no longer eligible, as indicated in clear and convincing evidence, their case will be closed.

PROGRAM DATA: Services are provided in all 83 counties of the state through 35 district offices or Michigan Works locations. In FY 1999, MRS served 43,775 people and helped 7,403 people find jobs. Approximately 90 percent of the people served have a disability that meets the federal criteria for significant disability.

Over 75 percent of the people served are referred from educational, health organizations or other individuals. Business Services reported for FY 1999 include 4201 services provided to 2097 unique business customers through 2493 contacts with businesses. The top five services to businesses included employee recruitment, employee retention, interviewing and hiring assistance, consultation on ADA, and disability sensitivity training. The average number of hours worked by customers who achieved employment was 26 hours per week, although the 50th percentile of all customers was 30 hours per week. The average wage for customers who went to work was \$7.88 per hour.

Department of Transportation

PUBLIC TRANSPORTATION SYSTEMS

PROGRAM/SCOPE: Two forms of public transportation are available to people with disabilities to get to work, for errands, or for leisure activities.

They include 1) "Linehaul, or fixed route" - regular public bus service that may be available to the degree that days and hours of operation and accessibility to people with disabilities make it available, and 2) "Demand-Response" - commonly known as Dial-A-Ride. In Michigan, 17 systems are classified as urban, while 57 systems are classified as non-urban (under 50,000 population). Both urban and non-urban systems operate under Local Transportation Authorities (LTAs). Both of these systems meet the needs of people with disabilities to the degree to which they are affordable.

ELIGIBILITY: While the target group for public transportation services is the general population, the Americans with Disabilities Act has strengthened access rights to these systems for people with disabilities.

EXTENT OF SERVICES: The total ridership during FY 1999 was 84,925,147. A total of 77,684,005 rides were provided by urban systems in FY 1999, including 8,363,094 (11 percent) for seniors and people with disabilities. Non-urban ridership was 6,408,021, including 3,028,795 (47 percent) for senior and people with disabilities. Total state funding for operating and capital for FY 1999 was \$167 million..

EFFECTIVENESS: The public transportation system can be a powerful resource for increased independence, inclusion and productivity for people with disabilities. With appropriate implementation, the Federal Transit Act and the ADA can help assure the rights of people with disabilities to access these systems. In Michigan, these rights were also strengthened by the 1978 amendment to Act 51 which requires that 100 percent of buses for fixed-route services purchased with state support be lift-equipped.

Major concerns remain, however, including cost, availability and accessibility. While much of the general population may be only inconvenienced by the lack of accessible, affordable transportation, many people with disabilities find these barriers to be a serious impediment to their mobility and may result in their inability to travel altogether. Meeting the needs of all those who need transportation will continue to be a major challenge for the new millennium.

REGIONAL TRANSPORTATION PROGRAM

PROGRAM/SCOPE: The Regional Transportation Program was established in 1996. It permits travel across on or more county lines, into areas beyond current transit agencies' service areas. Sixteen projects covering 51 counties receive funding under this program.

The agencies receiving funding include: City of Alpena, Bay Metropolitan Transportation Authority, Capital Area Transportation Authority (Ingham), Caro Transit Authority, Charlevoix County Transit, City of Belding Dial-a-Ride, Flint Mass Transportation Authority, Kalamazoo County Human Services Department, Livingston Essential Transportation Service, Marquette County Transit Authority, and Roscommon Mini Bus System.

ELIGIBILITY: One coordinating agency (eligible recipient) representing regional transportation interests is eligible to receive a grant, and is the applicant for all regional service funding requests, regardless of who actually provides the regional transportation service. Eligible applicants include: transit agencies; MPO/Regional Planning agencies; governmental agencies; private and public non-profit providers; and private for-profit providers.

EXTENT OF SERVICES: Each area is currently implementing their projects. Total State FY 2000 funding for this program is \$1,000,000.

EFFECTIVENESS: Jurisdictional barriers between transit agencies have often prevented people with disabilities from traveling from one city or county to another city or county. This program will enable many people with disabilities to travel to employment, medical appointments and social activities, to name a few, in areas where transportation was not an option previously.

SPECIALIZED SERVICES PROGRAM

PROGRAM/SCOPE: Michigan's Specialized Services Program, administered through the Michigan Department of Transportation, provides both operating and capital funds for human services agencies, and others, to provide transportation services to the elderly and people with disabilities. Vans or small buses are often used for transport to work.

The Specialized Services Operating Assistance Program, funded by the state, enables human services agencies and others to operate vans and small buses to transport the elderly and people with disabilities to work, medical appointments, and other vital services in the community. Reimbursement to volunteer drivers for out-of-service area, non-emergency medical trips is also a covered expense under this program.

The Capital Assistance Program funded by Federal Section 5310 (formerly Section 16(b)(2) Program) and state funds purchase conventional and paratransit vehicles and other equipment. This equipment provides local and regional (not intercity) transportation services. This enables greater independence for people with disabilities in many life areas, including access to a broader choice of housing, employment, and educational and recreational options.

ELIGIBILITY: The program is available to private, non-profit organizations that provide transportation to seniors and to people with disabilities. The local public transit authority or governmental agency submits an annual application to the Department of Transportation on behalf of the agencies requesting funding. Agencies must coordinate services with each other as well, as the public transit agency, in order to be eligible for this program.

EXTENT OF SERVICES: Michigan has 134 agencies participating in its specialized services program, 45 of which are also Section 5310 (former Section 16(b)(2) Program) agencies. Ridership for 1999 was 1,469,058, with the elderly and people with disabilities comprising 1,377,280 (93 percent) of the total. Total FY 1999 funding for the capital assistance program for the 80 percent federal and 20 percent state match was \$3,202,658.

EFFECTIVENESS: Though a relatively small program, the specialized services program is a major force for transportation coordination in the state. This program enables many people with disabilities to get to places they otherwise could not go, and is clearly a very important resource. Care must be taken, however, to assure that these programs are not seen as a replacement for, or used to the exclusion of, other more conventional public systems. Whenever possible, these programs should be used as part of an overall transportation system designed to meet the needs of a general ridership.

Federal Programs

EMPLOYMENT OPPORTUNITIES FOR DISABLED AMERICANS ACT OF 1986

PROGRAM/SCOPE: Section 1619 of the Employment Opportunities for Disabled Americans Act creates a Social Security program to meet the special needs of people with disabilities who are working and whose income exceeds "substantial gainful activity" levels, but are not yet completely self-supporting. As an incentive to people with disabilities who are trying to work, Section 1619a provides special cash benefits to those whose income has exceeded SGA levels. The 1619b provides special SSI recipient status for Medicaid eligibility purposes to those workers with disabilities.

ELIGIBILITY: To qualify for 1619a and b work incentives, an SSI beneficiary must: 1) Show continued eligibility for the SSI program based on disabilities, i.e. he or she may not have medically improved to the point that Social Security disability criteria are no longer met; 2) For the 1619a program, gross earnings must be at, or above, the SGA level; 3) For the 1619b program, continuing eligibility for Medicaid purposes must be shown until earnings reach a substantially higher plateau that takes into account the person's ability to afford medical care and his or her normal living expenses.

EXTENT OF SERVICES: As of March, 2000, 1,147 people were in the 1619a program and 3,657 people were in the 1619b program in Michigan. Together, a total of 3.3 percent of all SSI recipients with disabilities in Michigan, ages 18 to 64, participated in the 1619 programs. The average monthly earnings of 1619a participants in Michigan was \$924, and the average monthly earnings of 1619b participants was \$994 in Michigan.

EFFECTIVENESS: Because of its efforts to promote independence and productivity, 1619 is an exemplary Social Security program. To be truly responsive to the needs of people with disabilities, however, the program must: 1) be extended to recipients of SSDI; 2) fully recognize the specific needs of people with disabilities (i.e. greater living expenses, medical expenses, etc.); and 3) increase outreach efforts to assure that all potential beneficiaries are aware of, and understand, their rights under Sections 1619a and b.

SOCIAL SECURITY DISABILITY INSURANCE BENEFITS

PROGRAM/SCOPE: Disability insurance benefits, administered by the Social Security Administration, are a provision of the Social Security Act. The program is funded through the Social Security Trust Fund by FICA taxes from wage earners who are covered by the program. SSDI provides monthly disability insurance benefits to workers with disabilities and their eligible dependents. It also provides health care coverage under Medicare medical insurance. The amount of an individual's monthly benefits depends on the amount of wages earned by the person while working.

ELIGIBILITY: SSDI targets people with physical and mental disabilities who are connected to the work force. Their disability must prevent them from doing their usual work and any other work they might reasonably perform considering their age, education, past work experience and functional limitations. They must not be doing substantial gainful activity (SGA) of more than \$700 per month. The disability must be expected to last for a period of 12 months or to end in death. There is a five-month waiting period before benefits can begin. Children must become disabled before age 22 to qualify for benefits under the category of Childhood Disability Benefits, which are payable to the disabled adult children of Social Security beneficiaries.

EXTENT OF SERVICES: Through 1999, 210,590 people with disabilities in Michigan received SSDI benefits. There were 170,900 disabled workers, 8,130 disabled widows and widowers, and 31,560 disabled children receiving benefits in Michigan. Workers benefits averaged \$9,456 per year, disabled widow(ers) averaged \$6,492 and children's benefits averaged \$6,504.

EFFECTIVENESS: Though limited, and sometimes considerably less than the poverty level, SSDI remains an important resource for people with disabilities as it promotes a level of independence for its beneficiaries. It allows people to make choices about where they live and with whom and provides for some of the supports needed to live independently in the community.

SOCIAL SECURITY DISABILITY INSURANCE (SSDI) BENEFITS - MEDICARE

PROGRAM/SCOPE: Medicare is a federal health insurance program administered through the Health Care Financing Administration of the Department of Health and Human Resources. It provides medical insurance protection to people who are over 65, who have been receiving SSDI for 24 months, or who have end stage renal disease. People are enrolled in the program through the Social Security Administration. Medicare consists of two parts; Part A, which includes hospitalization, skilled nursing facilities, home health care and hospices; and Part B, which includes physician care, outpatient hospital service, diagnostic tests, ambulance service, other medical services and durable medical equipment.

ELIGIBILITY: Medicare coverage is available to people age 65 and older, people with permanent kidney failure, and people receiving SSDI, including disabled adult children or workers receiving a Social Security benefit. Medicare begins after receiving SSDI for a period of 24 months. People over 65 who are at or near the poverty level (income up to \$716 per month for an individual, \$958 for a couple) may be eligible for Qualified Medicare Beneficiary (QMB) status with premiums, co-pays and deductibles being paid by the state through the Medicare program. Those with slightly higher incomes (up to \$855 a month for an individual, \$1,145 for couples) may qualify for Specified Low-Income Medicare (SLMB). The QMB is also known as Medicare Savings for Qualified Beneficiaries.

EXTENT OF SERVICES: Most people receive Part A premium-free as part of their Social Security benefits. Most people pay a premium for Part B which, in 2000, is \$45.50 per month. When hospitalized, the Medicare beneficiary must pay the first \$776, then all covered services are paid for the first 60 days. Part B has an annual deductible of \$100. Once this deductible is met, Medicare generally pays 80 percent of the approved charges for physician and other medical services.

EFFECTIVENESS: Although Medicare is clearly an important source for providing health care coverage for people with disabilities, it certainly cannot be considered comprehensive. Its deductibles, limited coverages (i.e. lack of coverage for prescription drugs) and the two-year waiting period make it an important, but limited resource.

SUPPLEMENTAL SECURITY INCOME

PROGRAM/SCOPE: Supplemental Security Income (SSI) benefits, administered by the Social Security Administration, are federally-funded. SSI provides monthly disability insurance benefits to disabled/blind individuals with limited income and resources. It also provides health care coverage under Medicaid.

ELIGIBILITY: SSI targets low income people with physical and mental disabilities. There is no requirement of previous work. Their disabilities must prevent them from doing their usual work, if any, and any other work they might reasonably perform, considering their age, education, past work experience and functional limitations. They must not be doing substantial gainful activity (SGA) of more than \$700 per month. The disability must be expected to last for 12 months or result in death.

EXTENT OF SERVICES: Through 1999 there were 209,457 people with disabilities in Michigan who received SSI payments. There were 190,113 disabled adults, 1,945 blind adults and 17,399 children under age 18 receiving SSI disability. Average annual payments for disabled adults is \$4,248 and \$4,116 for blind adults in Michigan. The average annual payment for children under age 18 was \$5,124.

EFFECTIVENESS: Though limited, SSI remains an important resource for people with disabilities as it promotes a level of independence for its beneficiaries. It allows people to make choices about where they live and with whom and provides for some of the supports needed to live independently in the community.

HEAD START ACT

PROGRAM/SCOPE: The Early Head Start/Head Start program provides comprehensive developmental services to preschool children from primarily low income families, fostering their development and enabling them to deal more effectively with their present environment and later responsibilities in school and community life. The program may be administered by any local government, federally recognized Native American Tribe, or private non-profit agency that meets staffing and other grant application requirements. Grantee agencies may subcontract with other child serving agencies to provide services.

ELIGIBILITY: The target population for the program is primarily children from birth to age 5 whose families meet the federal poverty level guidelines. Head Start can accept children with disabilities who do not meet the poverty guidelines, but at least 90 percent of enrollees in each Head Start program must meet these guidelines. At least 10 percent of the enrollment opportunities in each program must be available for children with disabilities using the criteria from P.L. 101-467, IDEA.

EXTENT OF SERVICE: Total enrollment for the Early Head Start/Head Start program for FY 1998 in Michigan was 31,721, with 4,106, or 12.9 percent, diagnosed as disabled. The federal Head Start allocation for Michigan was \$162,316,000.

EFFECTIVENESS: The fulfillment of the 10 percent disability requirement has always been met in Michigan. It allows many families to enroll in an inclusive setting, leading to better opportunities for a fully inclusive education in the future.

Public Entities

CENTERS FOR INDEPENDENT LIVING (CILs)

PROGRAM/SCOPE: Centers for Independent Living (CILs) are consumer-driven, community-based, cross-disability organizations that promote independence and self-determination for people with disabilities. They are *consumer-driven* because people with disabilities form a majority of their governing boards, as well as a majority of their staffs and a majority of individuals in decision-making positions. They are "*community-based*" because they are designed and operated by people with disabilities within their local communities.

The goal of CILs is to assure that people with disabilities have the services and supports essential to make informed choices, to have personal control over their own lives, and to participate to the fullest extent possible in the everyday activities of work, home, family, and community.

CILs are authorized under Title VII of the federal Rehabilitation Act and are supported by funding from a variety of federal, state, and local sources. They provide an array of Independent Living (IL) services and supports tailored to the needs identified by the local disability community. CIL community development activities remove barrier to independence and increase local options available to people with disabilities. They include: (1) community needs assessment, (2) interagency coordination, (3) "systems" advocacy for needed community change (especially the development of needed services resources), (4) technical assistance to other organizations and agencies on disability matters, (5) public information and education, and (6) outreach to unserved and underserved consumers. CIL direct services "empower" people with disabilities to take responsibility for their own lives, achieve personal goals, and become more effective members of their families and communities. They include the IL core services of: (1) information and help in linking people with available resources and services that can meet their needs, (2) peer and family consultation, (3) personal advocacy, and (4) skill-building. Based upon consumer and community needs, CILs additionally provide other needed services not available within the community.

ELIGIBILITY: People with disabilities of all ages and characteristics are eligible for IL services.

EXTENT OF SERVICES: There are currently ten full-functioning CILs in Michigan serving approximately one-third of the State's counties. They are located in Ann Arbor, Detroit, Flint, Grand Rapids, Holland, Kalamazoo, Lansing, Midland, Port Huron, and Sterling Heights.

EFFECTIVENESS: Thousands of people with disabilities are able to function as more independent members of their families and communities due to the efforts of local CILs. Increasing sensitivity to abilities, needs, and human dignity of people with disabilities testifies to the success of CIL advocacy efforts. There continues to be a critical need for funding to expand IL services and supports to currently unserved Michigan communities.

MICHIGAN PROTECTION AND ADVOCACY SERVICE, INC.

PROGRAM/SCOPE: Michigan Protection and Advocacy Service, Inc. (MPAS) implements the federally-mandated rights protection and advocacy programs and the Client Assistance Program, including the protection and advocacy program authorized by the Developmental Disabilities Assistance and Bill of Right Act.

The mission of MPAS is to advance the dignity, equality, self-determination and expressed choices of individuals. MPAS promotes, expands and protects the human and legal rights of people through the provision of information and advocacy.

Programs services include information and referral and short term technical assistance to all eligible populations. Cases are accepted for direct representation, including litigation where they meet priorities approved annually by the board of directors. The priorities for direct representation are established each year with input from the people who are eligible for MPAS services.

Current priorities include: investigation of abuse, neglect and deaths of people with disabilities; transition services to students eligible for special education in the juvenile justice system, guardianship issues, community integration and access to community services, architectural and communication barriers, housing and employment discrimination Social Security and financial entitlement issues, among others.

Priorities are outcome focused and directed, not only toward individual remedies but systemic reforms.

ELIGIBILITY: Individuals with any disability, including people with HIV infection or AIDS, are eligible for MPAS services.

EXTENT OF SERVICES: In FY1999, 560 persons with developmental disabilities received direct representation. A total of 2,178 persons with developmental disabilities received information and referral services. Also, 1,386 people with developmental disabilities, their families and advocates were trained in self-advocacy, special education, housing and employment rights.

EFFECTIVENESS: Client satisfaction surveys indicate 90 percent of respondents are satisfied with the services delivered by Michigan Protection and Advocacy Services, Inc.

STATE PLAN PROJECTS AND OBJECTIVES

State Plan Priority Areas

The council, for this state plan, has adopted the areas of emphasis identified by the Administration on Developmental Disabilities to measure outcomes.

The term “areas of emphasis” denotes activities in the areas of: quality assurance, education and early intervention, child care-related, health-related, employment-related, housing-related, transportation-related, and recreation-related, and other services available or offered to individuals in a community, including formal and informal community supports, that affect their quality of life.

The areas of emphasis are defined by the Administration on Developmental Disabilities (ADD) as advocacy, capacity building and systemic change activities that:

Quality assurance activities - yield improved consumer- and family-centered quality assurance and that result in systems of quality assurance and consumer protection that include:

- (A) monitoring of services, supports, and assistance;
- (B) training in leadership, self-advocacy, and self-determination, and;
- (C) activities related to interagency coordination and systems integration that result in improved and enhanced services, supports, and other assistance.

Education activities and early intervention - mean individuals with developmental disabilities are able to access appropriate supports and modifications when necessary, to maximize their educational potential, to benefit from lifelong educational activities, and to be integrated and included in all facets of student life.

Child care-related activities - result in families of children with developmental disabilities having access to, and use of, child care services, including before-school, after-school, and out-of-school services, in their communities.

Health-related activities - mean individuals with developmental disabilities have access to, and use of, coordinated health, dental, mental health, and other human and social services, including prevention activities, in their communities.

Employment-related activities - result in individuals with developmental disabilities acquiring, retaining, or advancing in paid employment, including supported employment or self-employment, in integrated settings in a community

Housing-related activities - show results for individuals with developmental disabilities having access to and use of housing and housing supports and services in their communities, including assistance related

to renting, owning, or modifying an apartment or home.

Transportation-related activities - result in individuals with developmental disabilities having access to and use of transportation.

Recreation-related activities - result in individuals with developmental disabilities having access to and use of recreational, leisure, and social activities, in their communities.

Community support activities - produce formal and informal efforts for people with developmental disabilities across a wide-spectrum of local and personal choices, including integration, accommodations and accessibility to promote community living.

These areas of emphasis are how the council's projects are organized and listed in this section. There are a limited number of projects which cross-cut areas, and are therefore placed separately in the beginning.

CR - CROSS-CUTTING

CR.1. Emerging Issues Project

Purpose: Provide a fair and equitable process for funding state-level impact projects conceived by other organizations or the council not identified in the Michigan Five-Year State Plan for Developmental Disabilities.

Project Activities:

Fund projects, in any council areas of emphasis, to promote self-determination, choice, independent living, and opportunities for full inclusion for people with developmental disabilities in Michigan's social, economic and cultural mainstream, as approved by the council and availability of funds.

Target Population: People with developmental disabilities and their families, state-level organizations providing advocacy and/or services for them.

Time: FY 2002, FY 2003, FY 2004, FY 2005, FY 2006.

Resources: Federal: FY 2002, \$0; FY 2003, \$0; FY 2004, \$0; FY 2005, \$0; FY 2006, \$0.

Match: To be determined.

Outcomes and Indicators: To be determined.

Implementing group: Grantee(s) to be selected.

EM - EMPLOYMENT

EM.1. A Comprehensive Study of Supports for Employment.

Purpose: Develop a better understanding of employment supports available to people with disabilities in Michigan, in order to develop strategies that can significantly reduce the unemployment rate among people with disabilities who want to work.

Project Activities:

- A. Activities to be coordinated with Michigan Works! project, focusing on people with high support needs;
- B. Fund a comprehensive review of employment supports available to people with disabilities in Michigan;
- C. Assess their effectiveness, with specific attention to identifying why they have not significantly reduced unemployment among people with disabilities, (including assessment from the consumer perspective), and
- D. Develop recommendations for changes in policy and practice that would radically

improve the ability of people with disabilities to get and keep jobs of their choice.

Include, in particular, recommendations for:

- 1. Changes that could be incorporated into a structure for best practice models that could be piloted by local coalitions under a subsequent council grant (not relying on changes in state-level policy and/or funding) and;
- 2. DD Council advocacy at all levels that will effect positive systems change in the employment arena.

Target Population: People with disabilities who want to work, current employment support programs, policymakers, funding sources, and the DD Council.

Time: FY 2003.

Resources: Federal: FY 2003, \$75,000.

Match: To be determined.

Outcome:

EM.1.a. Outcome: The council will have useful, up-to-date information on employment support programs in Michigan and on their effectiveness at helping people with disabilities get and keep their jobs of choice.

Implementing Group: Grantee to be selected.

EM.2. Community Partnerships To Develop Effective Employment Supports

Purpose: Fund community pilots of new approaches to providing employment services and supports for people with developmental disabilities, targeted to radically increase the level of

employment among people with disabilities in their communities.

Project Activities:

- A. Communities will develop coalitions that include all of the significant stakeholders necessary to bring about significant change in the level of employment among people with developmental disabilities in their communities. Coalitions may include, but are not limited to, consumers, their families, Multi-Purpose Collaborative Bodies, Community Mental Health Service Programs, Michigan Works!, Michigan Commission for the Blind, Michigan Rehabilitation Services, UCP Renaissance Project, transit authorities, schools and service clubs.
- B. The coalitions will carry out comprehensive assessments of the effectiveness of existing employment services/supports for people with developmental disabilities in their communities from an all-inclusive, holistic perspective. Partners will examine existing community relationships and attitudes, strengths, and weaknesses, and their effect on assisting people with DD to obtain and maintain jobs.
- C. Partners will develop a plan for using council grant money, their partnership and any funds they can leverage locally to assist a significant percentage of the individuals with developmental disabilities in their communities who want to work to obtain and maintain jobs of their choice. The plan must build on recommendations of Comprehensive Study of Supports for Employment project, and on existing initiatives that are successful. Bidders must demonstrate commitment from community partners, and will coordinate funding with existing resources. Projects must include products for replication and dissemination.
- D. All projects must comply with cross-project evaluation requirements.

Target Population: Adults with developmental disabilities who want to work.
Community agencies and organizations interested in improving the employment rate for people with developmental disabilities in their communities.

Time: FY 2004, FY 2005, FY 2006.

Resources: Federal: FY 2004, \$200,000; FY 2005, \$200,000; FY 2006, \$200,000.

Match: To be determined.

Outcomes:

- | | |
|---------------|---|
| EM.2.a | People with developmental disabilities have and keep jobs of their choice. |
| EM.2.b | Critical stakeholders are informed about employment and support issues for persons with disabilities. |

Implementing Group: Project staff, adults with developmental disabilities who want to work, and identified community partners.

EM.3. Cross-Project Evaluation of “Community Partnerships To Develop Effective Employment Supports.”

Purpose: Evaluate the demonstration projects participating in "Community Partnerships To Develop Effective Employment Supports" by providing formative and summative evaluation across the projects, developing information that:

- A. Assists the projects in improving their operation,
- B. Allows the Council to compare the effects of different approaches in different communities, and
- C. Is suitable for dissemination to others interested in developing similar programs.

Project Activities:

- A. Evaluate the "Community Partnerships To Develop Effective Employment Supports" demonstration projects using a design that includes:
 - 1. Assistance to the projects in improving internal evaluation;
 - 2. A process for data collection across projects, to:
 - a. Assess changes in the rate of employment and job retention for people with developmental disabilities in each community,
 - b. Examine job satisfaction and the degree to which workers are getting jobs of their choice, and
 - c. Identify the factors associated with changes in employment, job retention, worker choice and job satisfaction, including community-specific factors.
 - 3. Provision of formative feedback to projects to improve model development and participant outcomes; and
 - 4. Comparison of project designs and methods, and their relationships with outcomes and participant satisfaction.
- B. Report to the Council, including data analysis and recommendations on project activities, future Council planning efforts, and implications for positive systems change in the employment arena.
- C. Develop reports suitable for dissemination that can be used by participating projects, by other communities interested in increasing employment, job retention and job satisfaction for people with developmental disabilities in their areas, and by the Council in planning of its future employment efforts.

Target Population: Demonstration projects participating in the "Community Partnerships To Develop Effective Employment Supports" project, the Council, Council staff and people with developmental disabilities who want to work.

Time: 3 years starting in 2004

Resources: Federal: FY 2003, \$20,000; FY 2004, \$30,000; FY 2005, \$50,000; FY

2006, \$50,000.

Match: To be determined.

Outcomes and Indicators:

EM.3.a Outcome: Evaluation design in place and functioning.

EM.3.b. Outcome: Recommendations will be created that can be used by participating projects and the Council in future planning, and by others interested in developing similar programs.

EM.3.c Critical stakeholders are informed about employment and support issues for persons with disabilities.

Implementing Group: Grantee to be selected.

HO - HOUSING

HO.1. Housing Work Group.

Purpose: Create and support a Housing Work Group to develop position papers and a housing advocacy strategy. Educate legislators and policymakers regarding the housing needs as well as explore opportunities to expand support services for persons with disabilities.

Project Activities: The project will provide for the council's consideration:

- A. A housing advocacy agenda;
- B. Position papers on housing and supports.

Target Population: Governor, legislature, the Council, persons with disabilities, advocates and families.

Time: FY 2002, FY 2003, FY 2004, FY 2005, FY 2006.

Resources: Federal: \$1,500 annually.

Outcome:

HO.1.a Critical stakeholders are informed about housing and support issues for persons with disabilities.

Implementing Group: Staff and Housing Work Group.

ED - EDUCATION

ED.1. Education Work Group.

Purpose:

Develop an action plan that will identify education issues that affect the lives of students with disabilities and their families. The plan will identify barriers and appropriate strategies to produce positive systems change. The work group will oversee the Council's efforts in the area of education.

Project Activities:

The project will provide for the council's consideration:

- A. An Education Action Plan that will incorporate advocacy initiatives in the area of education for students with disabilities.
- B. Position papers on education issues for adoption and be disseminated to statewide and local advocacy organizations.
- C. Focus upon issues, such as State Board of Education response to requests for waivers of special education requirements, services for students age 22 to 26 years, to assure that students with severe disabilities get the supports they need to move from school to inclusive participation in the community, and observe implementation of the Council's grants on inclusion and transition.

The Council plan provides for \$200,000 each in fiscal years 2005 and 2006 for projects that are anticipated from the Education Action Plan.

Target Population: Governor, legislature, schools, Council, advocacy groups, students and families.

Time: FY 2002, FY 2003, FY 2004, FY 2005, FY 2006

Resources: Federal: FY 2002, \$1,500; FY 2003, \$1,500;
FY 2004, \$1,500; FY 2005, \$1,500; FY 2006, \$1,500

Outcomes:

ED.1.a

Critical stakeholders become informed on education issues for students with disabilities.

ED.1.b

The Council becomes more effective at achieving its education goals.

Implementing Group: Work Group members, council and Staff.

ED.2. Early Childhood Inclusion

Purpose: Promote inclusion of children with disabilities in community pre-school, nursery school and day care programs statewide. Promote systemic change by collecting information, identifying existing barriers to full inclusion and helping parents, program staff, administrators and other decision makers understand the benefits of inclusive pre-school, and providing training and information about how to develop and implement it successfully. Incorporate the DD Council's position, "Pathways to Kindergarten" to promote inclusion of children with developmental disabilities in typical community pre-school settings.

Project Activities: The project will:

A. Examine the current trend toward public school systems' providing pre-school programs (usually fee-for-service), and collect data on how many are doing or planning to do so.

Determine:

1. How many are including, or plan to include, pre-schoolers with disabilities in these programs;
 2. What model they are using; and
 3. What do school administrators see as barriers to pre-school inclusion?
- B. Develop training and TA materials about the benefits of inclusive pre-school, and about how to develop and implement it successfully.
- C. Work with RICCs to promote systemic change, build relationships, trust and collaboration on pre-school inclusion for children with developmental disabilities.
- D. Provide technical assistance and training, on request, to pre-school programs, educators, local school administrators and to parent and advocacy groups.
- E. Using, wherever possible, resources developed by the DD Council's *Good Start* projects, develop a guided practice manual (an informational resources tool kit) to help parents make informed choices for their children.
- F. Develop recommendations for DD Council, Michigan Department of Education, Intermediate School Districts and LEAs and the legislature about the need to include children with developmental disabilities in pre-school programs and how to overcome the barriers to doing so.
- G. Disseminate information, analysis and recommendations to the DD Council, policymakers, parents, advocacy organizations, school administrators, school boards, and the general public.
- H. Collect follow-up data on pre-school programs to determine whether inclusive programs have developed.
- I. Make presentations at conferences, parent advisory councils, school boards and other targeted groups.

Target population: Service providers (nursery schools, day care, schools), families, school districts.

Time: FY 2002, FY 2003.

Resources: Federal: FY 2002, \$90,000; FY 2003; \$30,000.

Match: To be determined.

Outcomes and Indicators :

ED.2.a Communities have more inclusive options for early childhood educational services.

ED.2.b Inclusive early childhood educational options are adequately funded.

ED.2.c More families will have the information they need to make informed choices on inclusive early childhood educational options.

ED.2.d Key stakeholders are knowledgeable about early childhood educational inclusion.

Implementing Group: Grantee to be selected.

ED.3. Inclusion Networks and Supports

Overview: Very few Michigan schools offer inclusive education for students with DD. Families need information about the benefits of inclusion and about how to get their children with the most significant challenges included in regular education classrooms. They also need help to nurture and maintain the peer support networks that could mobilize parent demand for inclusion and make it a real option for students with DD across Michigan. The projects listed are viewed as an overall plan to enhance the self-determination of families by promoting control, choice and informing families of their options in the education arena. These projects will cooperate with the other council projects building on self-determination, including Enhance Self-determination Capacity and Mobilize Consumer Demand, Prevent Guardianship and Family-Based Preparation for Self-Determined Adulthood.

Technical Assistance to Parent Support Networks for School Inclusion

Purpose: To provide technical assistance for local mutual support networks of parents seeking inclusive education for their children with developmental disabilities.

Project Activities: The project will:

Develop a project advisory committee made up of members of the local networks who are people with disabilities and parents with interest in and commitment to inclusive schools;
Provide technical assistance to local networks in the projects funded by the DD Council under the Parent Support Networks for School Inclusion objective;
Provide a forum to have sites meet with each other, on a minimum, quarterly basis;
Provide a repository of materials (articles, videos, speakers, web-sites) as resources on various topics, such as promoting approaches to inclusive education using assistive technology, accessibility and transition.

Target Population: Families in Parent Support Networks for School Inclusion.

Time and resources:

FY 2002, \$24,000; FY 2003, \$48,000; FY 2005, \$96,000; FY 2006, \$96,000

Outcomes:

ED.3.a Parent support networks will have information on how to promote inclusive school programs.

ED.3.b Networks for School Inclusion grow and expand throughout the state.

Implementing Group: To be determined

ED.4. Parent Support Networks for School Inclusion

Purpose: To build local networks for mutual support among parents who want inclusive education for their children with DD, and support those networks to:

- A. Provide information to families about the benefits of school inclusion;
- B. Help parents support each others' decisions to seek inclusive education for their children;
- C. Mobilize parental demand for school inclusion, and
- D. Promote development of inclusive classrooms with appropriate supports for students with DD.

Networks should be established with the long-term objective of supporting establishment of additional mutual support networks in other areas, ultimately making parent support available and mobilizing demand for school inclusion statewide. Demonstration networks will be located in rural, medium sized and urban communities.

Project Activities:

The grantees will:

- Develop a parent network for inclusive community schools;
- Educate their community about promising inclusive practices in the applicant's community;
- Influence local school funding mechanisms toward support for full inclusion;
- Promote parent attendance at coalition meetings by providing pay for respite.;
- Carry out local public information campaigns about the benefits of inclusive education for all children, and
- Coordinate with and provide support to other DD Council self-determination efforts with their campaigns to mobilize support for inclusive, self-determined oriented practices.

Target Population: Families that are interested and ready for capacity building to support students with developmental disabilities in their neighborhood schools.

Time and resources:

FY 2002 \$80,000 (4 sites); FY 2003 - \$80,000 (8 sites); FY 2004 - \$80,000 (16 sites); FY 2005 - \$80,000 (16 sites); FY 2006 - \$80,000 (16 sites).

Outcome:

ED.4a More parents will have information on inclusive education options.

Implementing Group: To be determined

TR - TRANSPORTATION

TR.1. Transportation Work Group.

Purpose: Establish and support a Transportation Work Group to develop position papers and a transportation advocacy strategy. Provide recommendations to the council on positions related to transportation issues. Educate legislators and policymakers regarding the transportation needs as well as explore opportunities to expand support services.

Project Activities: The project will provide for the council's consideration:

A. Develop a transportation action plan incorporating the outcomes of the Intercity Transit Study and Getting There projects and the outcome of the Act 51 reauthorization. The plan would identify barriers and appropriate strategies to improve availability, affordability, and access to urban and rural fixed route and demand/response transportation systems statewide. The action plan will recommend best practices for state, regional and local transportation systems.

B. In the following years, strategies to implement transportation action plan.

Target Population: People with disabilities, aging community, state agencies, transportation providers.

Time: FY 2002, FY 2003, FY 2004, FY 2005, FY 2006.

Resources: Federal: \$1,500 annually.

Outcomes:

TR.1.a Policymakers become informed of the transportation needs of people with disabilities.

TR.1.b Advocacy projects recommended.

Implementing Group: grantee, staff, council members, transportation work group

TR.2. Transportation Advocacy: State-Level Policy.

Purpose: Support and advocate for increased availability of comprehensive transportation services that are safe, seamless, affordable and universally accessible for people with disabilities, the aged and the users of public transit services across Michigan.

Project Activities: The project will:

A. Advocate for implementing the action plan and recommendations detailed in the executive

summary prepared by the Transportation Work Group.

- B. Serve as a liaison between the disability community and state department directors, policymakers and the governor, including representation at the Michigan Department of Transportation Specialized Services Coordination Team, the Michigan Public Transportation Association, Michigan Association of Transportation Systems, and other transit advocacy groups.
- C. Coordinate with the RICCs and other disability organizations to identify citizens with disabilities to serve on the local advisory councils (LACs).
- D. Attend DOT meetings and hearings related to the renewal of Act 51, including the governor-appointed Citizens Advisory Committee.
- E. Distribute information about public hearings and committee meetings relevant to public transit legislation and policy to major disability organizations.
- F. Present testimony to legislative committees after discussing issues and obtaining positions from the DD Council.
- G. Advocate with state department directors, the governor, policy makers and transit providers for public transit service that is safe, seamless, affordable and universally accessible across Michigan in both urban and rural settings.
- H. Analyze and recommend alternative funding options to support safe, seamless, affordable and universally accessible transportation across Michigan, particularly for people with disabilities and the aging in both urban and rural settings.
- I. Advocate for establishment of base-level transit service across Michigan.
- J. Advocate for implementation of mobility management -- one stop service.
- K. Promote coordination with the Welfare to Work initiative, the Multipurpose Collaborative Bodies, the Workforce Development Boards, and area Offices on Aging to advocate for improved public transit services.
- L. Advocate for state and federal legislative and policy changes to address identified barriers to safe, seamless, affordable and universally accessible intercity travel.
- M. Explore and promote use of alternative, non-traditional transit options, including but not limited to volunteer drivers and transit vouchers in rural communities.
- N. If funded the third and fourth year, the transportation consultant will organize a statewide transportation conference to disseminate current information relevant to public transit, and to promote transportation advocacy and coalition building with the RICCs.

Target Population: People with disabilities, the aging community, users of public transit systems across Michigan.

Time: FY 2002, FY 2003, FY 2004.

Resources: Federal: FY 2003, \$130,000; FY 2004, \$150,000.

Match: To be determined

Outcomes:

TR.2.a Policymakers become informed about the transportation needs of people with

disabilities.

TR.2.b Funding to support public transit services across Michigan is increased in both urban and rural settings.

TR.2.c Users of transit systems become educated about the transportation issues and about how to bring about change.

TR.2.d Changes in state transportation systems are more responsive to transit users.

Implementing Group: Grantee, Council Members, Transportation Work Group and Staff.

TR.3. Transportation Advocacy: Grassroots Advocacy

Purpose: Provide funding for four- six community coalitions, selected in a competitive bidding process, to implement a local advocacy and action plan designed to address the unmet transportation needs of people with disabilities, aging population, students and low-income individuals and families in their communities, to achieve rapid and significant improvement of the community's transportation services.

Activities:

The communities must:

- A. Demonstrate the existence of an established coalition including service-providers, RICCs other advocates and concerned with the needs of people with disabilities, aging population, students and low-income individuals and families; and Local Advisory Councils (LACs) to advocate for improved local and inter-city transportation services in and beyond their communities.
- B. Coordinate with the DD Councils state transportation policy grantee to help assure the sustainability of transportation advocacy at both state policy and grassroots level.
- C. Be ready to implement their documented local action plan for improvement of their transportation services transit users.

Target Population: People with disabilities, the aging community, local users of public transit

Time: FY 2002, FY2004.

Resources: Federal: FY 2002, \$250,000; FY 2004, \$250,000.

Match: To be determined.

Outcomes:

TR.3.a Communities achieve rapid and significant improvement of the community's transportation services.

TR.3.b Transportation services providers' have increased understanding of the transportation needs of people with disabilities, senior citizens, students, and others who use public transportation services.

Implementing group: Grantees to be selected.

QA - QUALITY ASSURANCE

QA.1. Multicultural Work Group

Purpose: To support the Michigan Developmental Disabilities Council as it embraces the principles of cultural competency and builds upon the unique strengths of people with developmental disabilities from culturally diverse populations, their families and communities.

Project Activities:

Will include providing for the council's consideration:

- a. A work plan developed on behalf of minority people with developmental disabilities by bringing together various agency personnel, family members, and consumers.
- b. Expand the role of minority people with disabilities in advocacy and policy making.
- c. Review all council policies, action plans, reports, publications, written materials, to make sure that they are sensitive to cultural differences.
- d. Develop an action plan that embraces the principles of cultural competency commitment, accessibility and relevance, including representative of minority communities.

Objective:

QA.1.a. People of various racial, ethnic and cultural backgrounds are included in council activities

QA.2. Quality of Life

This project is designed to be phase one of a longitudinal project, this is the baseline period, the ultimate goal of this project is to be the undergirding of a collaborative approach to sustainable efforts in measuring quality of life in Michigan.

Purpose: To promote an interagency collaborative effort to understand Quality of Life issues for children, youth, adults, and families and to use this understanding to shape and promote information and decision making among policy makers. This understanding could also be used to guide the Council's decision making, advocacy, policy, planning and prioritization, to improve programs and supports, to enhance the alignment of needs of

consumers' needs and supports provided. With these objectives in mind, this project has three overarching goals: promoting interagency collaboration, understanding the quality of life issues, and developing strategies for decision making.

This project must build upon the Department of Community Health's studies of quality of life for adults with developmental disabilities and for children and their families who are served by the community mental health system. The project must also perform tasks necessary to reach the unserved and underserved within the targeted populations. (children, youth, adults, and families)

Core project activities:

The project will:

- A. Convene a steering committee.
- B. Perform an environmental scan that will identify what we already know, what we don't know, and what we need to know about quality of life.
- C. Develop a shared collaborative vision by involving all key stake holders in the steering committee and elicit input from all in the development of the project.
- D. Develop a survey instrument to sample strategies and test pilot the instrument with representative sub-sample.
- E. Report pilot results that will be disseminated to multiple audiences.
- F. Obtain external funding for comprehensive study for quality of life.

The following activities may be necessary, at the direction of the council staff and the quality of life steering committee:

- A. Include a control group from typical population, especially families with young children., as necessary.
- B. Develop a more extensive test pilot sample, as necessary.

Target Population: Council, other state departments, policy makers, legislators, advocates, families, general public, people with disabilities.

Time: FY 2001- \$50,000; 2002 - \$50,000

Resources: Federal: \$100,000.

Match: To be determined.

Outcomes:

QA.2.a Quality of Life issues affecting the lives of people with disabilities are known.

QA.2.b Advocacy strategies will be identified as suitable for the council's use to promote statewide understanding of quality of life issues that affect people with disabilities.

Implementing Group: Grantee to be selected.

QA.3. Joint Leadership Council

Purpose: Support emerging leaders in disability advocacy by developing a Joint Leadership Council, with representatives from all aspects of Michigan's disability advocacy community and from generic leadership programs in the broader community, including representatives of minorities and culturally distinct populations, and enabling them to:

- A. Provide a forum for people with disabilities and family members to interact with others who are developing their own leadership roles,
- B. Develop new approaches to supporting students and adults with disabilities and family members who are emerging as advocacy leaders, including establishing and maintaining a scholarship fund, to support people with disabilities and family members to participate in events, training and educational opportunities that will enhance their advocacy skills and help them stay up-to-date on issues; and
- C. Develop long-term funding to enable continuing the Joint Leadership Council's activities after the end of the DD Council grant.

Project Activities: The grantee will:

- A. Develop partnerships with other state and local advocacy organizations and with generic leadership programs in the broader community,
- B. Develop and implement outreach to recruit, as members of the Joint Leadership Council:
 - 1. Adults and high school students with all kinds of disabilities and all levels of support needs; and
 - 2. Parents of children with disabilities; and
 - 3. Representatives of generic leadership programs in the broader community, including:
 - 4. Representatives of minorities and culturally distinct populations from all three of the categories above.
- C. Establish the Joint Leadership Council, in consultation with the Executive Director of the Michigan Developmental Disabilities Council, a state-level council with membership reflecting a broad spectrum of people and groups in the disability advocacy community and of generic leadership programs in the broader community.
- D. Provide initial staff support to the Joint Leadership Council, to help the Joint Council:
 - 1. Provide a forum for people with disabilities and family members to interact with others who are developing their leadership roles, including emerging leaders from generic leadership programs in the broader community, by holding at least four (4) meetings per year;
 - 2. Develop and implement new approaches to supporting students and adults with disabilities and family members who are emerging as advocacy leaders, including a scholarship fund to support people with disabilities and family members to participate in events, training and educational opportunities that will enable them to interact with other emerging leaders, enhance their leadership skills and help them stay up-to-date on disability issues. Support the Joint Leadership Council to develop and implement:
 - a. Methods for developing innovative ways to support emerging leaders, enabling emerging leaders' interactions and helping them exchange information beyond

- Joint Council meetings, and identifying further opportunities for leadership development and informing emerging leaders in disability advocacy about them.
 - b. A long-range plan for fund-raising;
 - c. Criteria and procedures for selecting scholarship recipients and administering funds; and
 - d. Procedures for follow-up with scholarship recipients, to assess the value of the participation funded and make it possible to share the information gained with others.
3. Develop collaboration with other disability advocacy and leadership development efforts, including community programs such as the Chamber of Commerce leadership program, in order to support emerging leaders in the disability community and to help those who want to move into generic leadership roles.

Target Population: People with disabilities and their family members from all parts of the disability advocacy community, from every part of Michigan, representing the widest possible range of people in minority and culturally distinct populations, who are developing leadership skills in the advocacy community and in the broader community, with special emphasis on graduates of leadership development programs focused on disability advocacy. Leadership development programs, both in the disability advocacy community and in the broader community.

Time: FY 2002, FY 2003, FY 2004, FY 2005.

Resources: Federal: FY 2002, \$20,000; FY 2003, \$10,000;
FY 2004, \$10,000; FY 2005, \$10,000.

Match: To be determined.

Other: Sufficient collaboration and fund raising to carry out the Joint Council's plans for its scholarship fund and other activities.

Outcomes:

- QA.3.a.** People with disabilities and family members get the training they need to influence systems change, as indicated by the number of people trained in systems advocacy.
- QA.3.b.** People with disabilities and family members achieve positions that support their ability to influence systems change.
- QA.3.c.** People with disabilities and family members become active systems advocates, as indicated by the number of people active in systems advocacy.
- QA.3.d.** People with disabilities and family members educate public policymakers about self-determination, inclusion and other disability-related issues, as indicated by the number of public policymakers educated.
- QA.3.e.** Number of people with disabilities and family members and community organizations and programs and policies that become more inclusive.

QA.3.f. Amount of funding leveraged by the Joint Leadership Council to support leadership development among students and adults with disabilities and their families.

Implementing Group: A grantee to be selected, with help and support from Joint Council members and staff, and from the members and staff of other Michigan organizations concerned with leadership development and/or disability advocacy.

QA.4. Partners In Policymaking

Purpose: Continue to support leadership development for people with disabilities and their family members by funding Partners in Policymaking in Michigan. A program of the World Institute on Disability, Partners is an innovative national model to help participants become effective advocates, influencing public policy at all levels of government.

Activities: The project will:

- A. Carry out outreach and recruitment and enroll trainees each year, in accordance with the target population specified (see below under *Target Population*);
- B. Train participants on disability issues and government processes, in accordance with the Partners in Policymaking model;
- C. Help participants learn about, identify and arrange postgraduate opportunities, with the assistance of the Joint Leadership Council and other collaborators, including:
 1. Appointments to boards, councils and commissions and to internships with public officials, to allow further development of their understanding and scope for their participation in public policymaking;
 2. Community connections, including connections with local advocacy organizations and with other Partners graduates in and near their home communities, to help them extend their understanding of community advocacy and to help them start building the supports needed to sustain advocacy activities over time; and
 3. Conferences, seminars and other gatherings that provide opportunities to learn more about issues and develop advocacy skills and to meet others engaged in advocacy, and possible sources for scholarships or fellowships to help defray their costs.

Target Population: Thirty (30) trainees per year: One-quarter ($\frac{1}{4}$) to one-third () young adults with developmental disabilities and two-thirds () to three-quarters ($\frac{3}{4}$) parents of young children with developmental disabilities, with priority to those not currently involved in advocacy organizations. Each cohort will be chosen with attention to male/female balance; representation of minorities, low-income and single-parent families and of rural, urban and suburban communities and different types of disabilities.

Time: FY 2002, FY 2003, FY 2004, FY 2005, FY 2006

Resources: Federal: FY 2002, \$140,000; FY 2003, \$140,000; FY 2005, \$140,000
FY 2006, \$140,000

Match: To be determined.

Outcomes:

- QA.4.a.** People with disabilities and family members get the training they need to influence systems change, as indicated by the number of people trained in systems advocacy.
- QA.4.b.** People with disabilities and family members achieve positions that support their ability to influence systems change.
- QA.4.c.** People with disabilities and family members become active systems advocates, as indicated by the number of people active in systems advocacy.
- QA.4.d.** People with disabilities and family members educate public policymakers about self-determination, inclusion and other disability-related issues.
- QA.4.e.** People with disabilities and family members influence funding for services and supports and the way supports are provided.

Implementing Group: Washtenaw Association for Community Advocacy, with assistance from the Joint Leadership Council and Michigan Developmental Disabilities Council members and staff.

QA.5. Communities of Power (Co-Power)

Purpose: Continue to build the political and social impact of Michigan's disability community through work with local disability issue coalitions and stateside advocacy organizations. Continue the transition of the EVENT (the annual Michigan Congress of People with Disabilities) to a two-year cycle of more locally-focused activities, collaborating with regional coalitions, including Regional Interagency Coordinating Committees (RICCs) to:

- A. Support and develop grassroots organizing and systems advocacy by people with disabilities and families; and
- B. Build the role and reputation of Michigan's disability community, including Regional Interagency Coordinating Committees (RICCs), as a resource and a necessary partner in developing policy in Michigan and nationally.

Activities:

- A. Recruit regional planning teams, with RICCs and other local advocacy organizations, who will plan and implement regional activities, including conferences for people with disabilities;
- B. Help build local advocacy capabilities by providing training and technical assistance to the teams, supporting their capacity for grassroots organizing, forming coalitions,

planning events, fund-raising and encouraging effective advocacy in their areas by people with disabilities and their families.

C. Coordinate and support:

1. Regional conferences and candidates' forums in even-numbered years; and
2. A Statewide Action Day, including a rally on the Capitol grounds, in each odd-numbered year, during the Michigan Legislature's budget deliberations.

Target Population. People with developmental disabilities and their families and advocates.

Time: FY 2002, FY 2003, FY 2004, FY 2005, FY 2006

Resources:

Federal: FY 2002, \$38,333; FY 2003, \$40,000; FY 2004, \$20,000;
FY 2005, \$10,000; FY 2006, \$10,000

Match: To be determined.

Other: The efforts and fund-raising of regional coalitions and support by state-level collaborators.

Outcomes:

- QA.5.a.** Co-Power participants get the training they need to influence systems change, as indicated by the number of people who become better informed.
- QA.5.b.** Co-Power participants become active systems advocates, as indicated by the number of people active in systems advocacy.
- QA.5.c.** Co-Power participants educate public policymakers about self-determination, inclusion and other disability-related issues, as indicated by the number of public policymakers educated.
- QA.5.d.** Co-Power participants influence funding for services and supports and the way supports are provided, as indicated by the number of new programs and policies created/improved.
- QA.5.e.** Co-Power participants influence funding for services and supports and the way supports are provided, as indicated by the number of improvements in programs and policies.

Implementing Group: Michigan Disability Rights Coalition, with regional coalitions and state-level collaborators.

QA.6. Dissemination Conference.

Purpose: Sponsor an annual conference for council members and staff, grantees, CRC and RICC members to meet together, exchange information and ideas, and showcase all aspects of the councils efforts that are ready for dissemination. In even-numbered years, the conference will be held in conjunction with conferences of other advocacy organizations,

where common ground in philosophy and values exist.

Activities: Each conference will include:

- A. Official meetings of the Michigan Developmental Disabilities Council (MDDC) and Council of Regional Chairs (CRC).
- B. Distribution of grant project dissemination products ready and approved for the year, including model descriptions, handbooks, curricula and vignettes in various formats.
- C. Grantee presentations of achievements to report for the year.
- D. Specific exchange among RICCs on the local problems they have addressed during the year, the approaches that have or haven't worked, ideas for projects and innovative activities.
- E. Opportunities for information exchange between council members and staff, grantees, RICCs, workgroups, and customers of council-funded direct service projects (e.g., demonstrations).

Conferences may include:

- A. Invitations to staff and/or customers of state agencies and service systems, perhaps in exchange for help funding special features, such as nationally recognized speakers on topics of mutual interest.
- B. Request or requirement that RICCs and appropriate grantees invite people with disabilities and family members who might be interested in the information presented.

Target Population: Council members, CRC and RICC members, grantees, advocacy organizations, legislators, key policy makers, service providers, people with disabilities and their family members and other allies.

Time: FY 2002, FY 2003, FY 2004, FY 2005.

Resources:

Federal: FY 2002, \$10,000; FY 2003, \$15,000;
FY 2004, \$10,000; FY 2005, \$15,000.

Match: To be determined.

Outcomes:

- QA.6.a.** Conference participants get the information they need to influence systems change, as indicated by the number of people who become better informed.
- QA.6.b.** Conference participants become more aware of the outcomes and products of other council efforts.

Implementing Group: Council members and staff; CRC and RICCs; grantees and grant project participants; participants in workgroups, focus groups and grant review groups and other council efforts. In even-numbered years, another advocacy group to be selected.

QA.7. Technical Assistance to RICCs

Purpose: Provide technical assistance and coordination to RICCs and communities, provide expertise in assigned areas of emphasis to RICCs and the council, and coordinate, monitor and help carry out goals under this section of the state plan.

Project activities:

- A. on-site consultation.
- B. written and phone consultation.
- C. RICC handbook.
- D. review RICC certifications and recommend approval.
- E. review reports.

Target population: Current and emerging RICC leadership.

Time: FY 2002, FY 2003, FY 2004, FY 2005, FY 2006

Resources:

Federal: FY2002, \$75,000; FY2003, \$75,000; FY 2004, \$75,000; FY2005, \$75,000;
FY 2006, \$75,000

Outcomes:

QA.7.a. RICCs have useful and timely staff consultation.

QA.7.b. RICCs maintain network statewide.

Implementing group: DDC Community services consultant.

QA.8. Council of RICC Chairs (CRC) meetings

Purpose: Support advocacy and information sharing among CRC members.

Project activities:

- A. Conduct regular CRC meetings and schedule speakers as requested by members.
- B. Hold regional meetings scheduled as RICCs determine relevant.

Target population: current and emerging RICC leadership.

Time: FY 2002, FY 2003, FY 2004, FY 2005, FY 2006

Resources:

Federal: FY 2002, \$25,000; FY 2003, \$25,000; FY 2004, \$25,000; FY 2005, \$25,000;
FY 2006, \$25,000

Match: No match required.

Outcome:

QA.8.a. Meetings are a forum for sharing information and supporting systems change advocacy.

Implementing group: Council staff.

QA.9. RICC Leadership Retreat

Purpose: To support current leadership and to encourage/nurture new leadership so the statewide RICC network can be sustained, expanded and enhanced.

Project activities:

A. Annual leadership retreat.

Target population: current and emerging RICC leadership.

Time: FY 2002, FY2003, FY 2004, FY 2005, FY 2006

Resources:

Federal: FY 2002, \$16,000; FY 2003, \$16,000; FY 2004, \$16,000; FY 2005, \$16,000; FY 2006, \$16,000

Match: No match required.

Outcome:

QA.9.a. Annual retreat covers relevant issues for attendees to support current leadership and to encourage/nurture new leadership.

Implementing group: Council staff.

QA.10. RICC mini grants

Purpose: Using a competitive process to provide a maximum of \$8,000 per approved applicant to support one year local projects, each endorsed by one or more Regional Interagency Coordinating Committees (RICCs). The projects will focus on organizing grassroots advocacy, coordinating services, or in increasing capacity for supports for people with developmental disabilities in a council area of emphasis.

Project activities:

A. Based on council area of emphasis and objectives, meet community needs in concert with

local RICCs.

Target population: people with disabilities.

Time: FY 2002, FY 2003, FY 2004, FY 2005, FY 2006.

Resources:

Federal: FY 2002, \$32,000; FY 2003, \$32,000; FY2004, \$32,000; FY2005, \$32,000;
FY 2006, \$32,000

Match: To be determined.

Outcome:

QA.10.a Successful completion of projects.

Implementing group: grantees to be selected.

QA.11.RICC Network Certification and Multi Cultural Representation

Purpose: On acceptable application, certify each regional interagency coordinating committee and provide minimum operating funds of \$500 per year. If a certified RICC chooses, provide an additional \$2500 per RICC to help carry out a work plan designed to educate and empower consumers regarding rights and responsibilities, increase consumer participation in all levels of policy decision-making at the local, state and federal levels, and address at least one of the Developmental Disabilities Council's goals. If a certified RICC chooses, provide an additional \$1000 to provide funding for projects to increase the involvement of persons with developmental disabilities and their families who belong to culturally distinct populations to participate in the disability community.

Project activities:

- A. People with developmental disabilities are in leadership capacities.
- B. Develop and disseminate a certification packet for response by local disability groups.
- C. Review and approve as appropriate local group's response to the certification packet.
- D. Increase multi cultural participation on RICCs.

Target population: RICCs and people with developmental disabilities and advocates including those who belong to culturally distinct populations.

Time: FY 2002, FY 2003, FY 2004, FY 2005, FY 2006.

Resources:

Federal: FY 2002, \$138,000; FY 2003, \$138,000; FY 2004, \$138,000;
FY 2005, \$138,000; FY 2006, \$138,000.

Match: To be determined.

Outcomes:

QA.11.a. A statewide network of RICCs is established and maintained.

QA.11.b. RICCs are a forum for consumer directed advocacy.

QA.11.c. RICCs are a systems change agent

Implementing group: Council staff.

COMMUNITY SUPPORT

CS.1. Family Support Work Group.

Purpose: Maintain the family support work group to monitor implementation of the Council's family support demonstration projects and provide a statewide forum for exchange of information among state agencies, advocacy groups and parents on family support issues, as well as explore opportunities to expand awareness of family support services.

Project Activities: The project will provide for the council's consideration:

- A. A family support agenda.
- B. Advice to the governor on family support issues.
- C. Increase representation of minorities and of people with disabilities and their families, to increase work group diversity.

Target Population: Governor, legislature, providers, the council, advocates and families.

Time: FY 2002, FY 2003, FY 2004, FY 2005, FY 2006

Resources: Federal: \$3,000 annually.

Outcome:

CS.1.a. Critical stakeholders are informed about family support issues.

Implementing Group: Staff and Family Support Work Group.

CS.2. Family Support Subsidy Expansion.

Purpose: Support and advocate continuation and expansion of Michigan's Family Support Subsidy. Continue to strengthen understanding between decision makers and the general public of the financial importance and the symbolic value of the Family Support Subsidy to families working to provide a family centered life for their children with disabilities. Index the family income eligibility requirements upward to allow for cost of living increases.

Project Activities: The project will:

- A. Advocate for maintenance of current families at current rates, as a minimum.

- B. Advocate for expanding eligibility to families of children with other disabilities, basing efforts on the Developmental Disabilities Institute study.
- C. Coordinate advocacy efforts with those of Partners in Policymaking.
- D. Advocate for indexing the \$60,000 maximum family income upward.

Target Population: State policy makers and the general public.

Time: Continuing.

Resources: Staff, Family Support Work Group, RICCs and council.

Outcomes:

- CS.2.a.** Critical stakeholders are informed about family support issues.
- CS.2.b.** Current eligible families continue to receive the Family Support Subsidy.
- CS.2.c.** Legislation passed providing support to additional families.
- CS.2.d.** Family Support Subsidy is adequately funded.

Implementing Group: Council, Family Support Work Group, Staff and RICCs.

Build on Michigan's Self-Determination Initiative: This set of projects (**CS.3 through CS.5**) will: enhance and expand on the accomplishments of Michigan's Self-Determination Initiative, which was partly funded by the Robert Wood Johnson Foundation; address system barriers to full implementation; mobilize demand for self-determination statewide; disseminate information and advance development of supports for self-determination across Michigan. In collaboration with the Michigan Department of Community Health (MDCH), Michigan Association of Community Mental Health Boards (MACMHB), people with disabilities, their families, service providers and advocates, this initiative's purpose is to expand the available supports for self-determination, including supports for children growing into self-determined adulthood, and mobilize consumer demand to have them available statewide.

CS.3. Enhance Self-Determination Capacity and Mobilize Consumer Demand

Purpose. Enhance and further develop capacity for supporting self-determination in two to three of the communities affiliated with Michigan's Self-Determination Initiative and develop their capacity to carry self-determination to other parts of the state. Support dissemination teams that include people with disabilities and their family members to mobilize demand for increased and enhanced supports for self-determination, including supports for children growing into self-determined adulthood, among people with disabilities and their families and other allies throughout Michigan.

Activities: Using findings from Michigan's Self-Determination Initiative, collaborating with the MDCH / MACMHB training and expansion plan, and building on partnerships among

Community Mental Health, Rehabilitation Services, education authorities, and other organizations that fund, provide or advocate for supports for people with developmental disabilities and their families, each Enhancement Project will, in collaboration with people with disabilities and local service providers and advocates:

- A. Enhance and further develop the community's capacity for supporting self-determination for people with developmental disabilities. They will identify, develop and implement ways to increase self-determination for current customers, expand full use of individual budgets, and increase the number of customers receiving full support for self-determination. In addition to addressing needs identified by each community's local assessment, all projects will include specific efforts to:
 1. Increase capacity to help people with disabilities develop the self advocacy skills needed to choose, negotiate, arrange and manage their own supports; to influence and advocate for others; and to participate in planning, carrying out and evaluating services and supports; and
 2. Build the support system's capacity to help people with disabilities and their families develop and support community connections and relationships outside the paid-for system of supports.
- B. Mobilize increased demand for self-determination across Michigan and assist development of statewide capacity for supporting self-determination, in collaboration with the projects implementing the initiatives described in CS.4 and CS.5 about formal/informal community supports below.
 1. Disseminating information and educational material statewide;
 2. Deploying dissemination teams across the state to provide training and technical assistance to people with disabilities and their families, service providers, advocates and community coalitions who are interested in developing their community's supports for enhanced self-determination, children's and families' supports attuned to the children's developing capacity for self-determination, and alternatives to restrictive use of guardianship in their communities. Teams will include:
 - a. People with disabilities and family members (including members of families with young children) who have received expanded supports for self-determination and children's and families' supports attuned to the children's developing capacity for self-determination (**See CS.5. below**);
 - b. Staff members from service providing agencies that have developed capacity to support self-determination, and children's and families' supports attuned to the children's developing capacity for self-determination, including implementation of individual / family budgets;
 - c. Representatives of advocacy organizations that have developed capacity to mobilize demand and advocate successfully for the necessary changes in policy and practice; and
 - d. Expertise on minimizing the use of guardianship (**See CS.4. below**).

Target Population: Initially, people with disabilities and their families, and the systems of

services and supports for them, in communities affiliated with Michigan's Self-Determination Initiative. Subsequently people with disabilities and their families, and the systems of services and supports for them, statewide.

Time: FY 2002, FY 2003, FY 2004, FY 2005, FY 2006

Resources:

Federal: FY 2002, \$300,000; FY 2003, \$300,000; FY 2004, \$300,000; FY 2005, \$200,000; FY 2006, \$100,000

Match: To be determined.

Other: Collaborations among community agencies.

Outcomes:

- CS.3.a.** People with disabilities in project communities will exercise greater self-determination.
- CS.3.b.** Improvements in each project community's capacity for supporting self-determination.
- CS.3.c.** Improvements in communities' ability to help people with disabilities develop self advocacy skills, as indicated by the number of people with disabilities who get the training they need to influence the system of services and supports, according to the number trained in systems advocacy.
- CS.3.d.** Improvements in community's ability to help people with disabilities develop self advocacy skills, as indicated by the number of people with disabilities active in system advocacy.
- CS.3.e.** Improvements in community's ability to help people with disabilities and their families develop and support community connections and relationships outside the paid-for system of supports, as indicated by the number of programs and policies addressing this set of issues.
- CS.3.f.** For mobilization of increased demand for self-determination and children's and families' supports attuned to the children's developing capacity for self-determination, people with disabilities and family members in other communities get the information they need to insist on supports for self-determination, as indicated by the number of people informed about how they can have control, choice and flexibility in receiving supports.
- CS.3.g.** For mobilization of increased demand, critical stakeholders in affiliated communities are informed about services and supports that enable self-determination and community inclusion, as indicated by the number who become better informed about how to assure consumers' control, choice and flexibility in providing services and supports
- CS.3.h.** For mobilization of increased demand, policymakers in other communities become better informed about the need for consumers to have control, choice and flexibility in the services and supports they need, as indicated by the number who receive information.

- CS.3.i.** Increased demand for self-determination and children's and families' supports attuned to the children's developing capacity for self-determination.
- CS.3.j.** Additional communities across Michigan developing supports for enhanced self-determination, children's and families' supports attuned to the children's developing capacity for self-determination, and alternatives to restrictive use of guardianship.
- CS.3.k.** Additional people with disabilities and families across the state are developing more self-determined lives, including youth preparing effectively for self-determined adulthood.

Implementing Group: Grantees to be selected from among communities affiliated with Michigan's Self-Determination Initiative.

CS.4. Prevent Guardianship

Purpose. Enhance self-determination and citizens' ability to make their own decisions and direct their own lives, by reducing the use of guardianship for people with disabilities and senior citizens in Michigan.

Activities: Projects in one urban and one rural area will work to reduce the restrictive use of guardianship, with emphasis on efforts to:

- A. Develop and disseminate information and education on the barriers that restrictive use of guardianship creates to citizens' ability to make their own decisions and direct their own lives and the availability of less restrictive, more flexible alternatives for solving the problems guardianship is intended to address.
 - 1. Dissemination will be directed to people with disabilities and senior citizens, their families, advocates, schools, service providers (especially those who insist on guardianship as a condition for receiving services) and the general public.
 - 2. Information should draw on the Michigan Supreme Court's Guardianship Reform Task Force, the Court Watch Project being carried out by MPAS and Wayne State University, and other data as appropriate.
 - 3. Dissemination efforts must be coordinated with other organizations advocating for people with disabilities and senior citizens, in order to reach as many people as possible with the resources available.
- B. Organize and support:
 - 1. Community-based advocacy to reduce the use of guardianship and to persuade service providers to establish specific policies and practices that reject its use;
 - 2. Educational efforts and dissemination of information about less restrictive, more flexible approaches to supporting citizens in making decisions and directing their own lives; and
 - 3. Specific efforts to reach students with disabilities who are approaching the age of majority, their families, educators and other service providers, to assure that they

have the information and understanding they need to avoid a systemic assumption that guardianship is essential once the student turns eighteen.

- C. Coordinate and cooperate with the DD Council's other self-determination projects to mobilize demand for self-determination to other parts of the state. Collaborate with the other projects and with state and local advocacy organizations in assuring statewide dissemination of information and availability of consultation and technical assistance on avoiding restrictive use of guardianship and on developing and implementing alternative approaches.

Target Population: People with disabilities and senior citizens, their families and other allies; relevant court systems and service providers. Special attention to students with disabilities who are approaching their eighteenth birthdays and their families.

Time: FY 2002, FY 2003

Resources: Federal: FY 2003, \$200,000

Match: To be determined

Other: Collaborations among relevant community agencies.

Outcomes and Indicators:

- CS.4.a.** Public information and training materials, consultation and technical assistance about avoiding restrictive use of guardianship and implementing other approaches to supporting citizens' ability to make decisions and control their own lives disseminated statewide, targeted to people with disabilities and senior citizens, their families and allies, service providers and the general public.
- CS.4.b.** Improved understanding in project communities among people with disabilities and senior citizens, their families and allies, service providers and the general public of the need to avoid guardianship wherever possible
- CS.4.c.** Alternatives to guardianship are developed and used in project communities.
- CS.4.d.** For mobilization of increased demand for self-determination and children's and families' supports attuned to the children's developing capacity for self-determination, people with disabilities and family members in other communities get the information they need to insist on supports for self-determination, as indicated by the number of people informed about how they can have control, choice and flexibility in receiving services and supports:
- CS.4.e.** For mobilization of increased demand, people in disability related occupations and professions in other communities will receive information about services and supports that enable self-determination and community inclusion, as indicated by the number who become better informed about how to assure consumers' control, choice and flexibility in providing services and supports.
- CS.4.f.** For mobilization of increased demand, people in other communities will receive information about services and supports that enable self-determination and

community inclusion, as indicated by the number who become better informed about how to assure consumers' control, choice and flexibility in providing services and supports.

- CS.4.g.** Increased demand for self-determination and children's and families' supports attuned to the children's developing capacity for self-determination.
- CS.4.h.** Additional communities across Michigan develop supports for enhanced self-determination, children's and families' supports attuned to the children's developing capacity for self-determination, and alternatives to restrictive use of guardianship.
- CS.4.i.** Additional people with disabilities and families across the state are developing more self-determined lives, including youth preparing effectively for self-determined adulthood

Implementing Group: Grantee(s) to be selected

CS.5. Family-Based Preparation for Self-Determined Adulthood

Purpose: Help families with minor children who have developmental disabilities to support their children's emerging self determination, to help them develop preferences, learn to make choices and develop the skills they will need to live in inclusive communities and control their own adult lives by:

- A. Demonstrating services and supports provided in ways that:
 - 1. Better prepare children to become self-determined adults;
 - 2. Respect families' natural roles in decision-making for children while they are minors; and
 - 3. Redirect agency funds for supports for the child and family into family budgets, to respond to the families' own choices about what services the family will receive, who will provide them, and how they will be provided; and
- B. Supporting families in seeking out for their children with developmental disabilities, and in advocating for their community schools to develop and provide, programs that:
 - 1. Include children with developmental disabilities, with appropriate supports, in age-appropriate classrooms and other settings with their typical peers, providing the primary foundation for developing the relationships, social skills and attitudes they will need to grow into self-determined adulthood; and
 - 2. Are provided in ways intended to help all children develop preferences, learn to make choices and develop the skills they will need to control their own adult lives.

Activities: Focusing on families with pre-school to middle school aged children with developmental disabilities, and collaborating among community agencies and schools that fund and/or provide supports for people with developmental disabilities and their families, help families to preserve present supports while developing self-determination through:

- A. Advocacy and capacity building activities to improve project communities' ability to

support minor children and their families in ways that focus on self-determination and inclusion;

B. Bringing supports for minor children and their families into natural environments, including inclusive educational settings, and providing them:

1. In ways that emphasize children's eventual roles as self-determining adults who will live in inclusive communities, make choices and decisions and control their own lives; and
2. In family-based settings and in age-appropriate, inclusive educational and recreational settings where children with developmental disabilities participate with their typical peers; and
3. Through decision-making processes that preserve the families' natural roles in supporting their minor children, identifying their needs and helping them prepare for adulthood.

C. Support mobilization of demand for self-determination across Michigan in collaboration with the DD Council's other self-determination projects and its Parent Networks for Inclusive Education.

Time: FY 2002, FY 2003, FY 2004.

Resources: Federal: FY 2003, \$200,000; FY 2004, \$200,000

Match: To be determined

Other: Collaborations among community agencies funding and/or providing supports for people with developmental disabilities and their families

Outcomes:

- CS.5.a.** Minor children with developmental disabilities and their families receive supports in ways that help the children develop into self-determining adults who live in inclusive communities, and respect their families' natural roles in decision-making.
- CS.5.b.** Increased community capacity for supporting minor children with developmental disabilities and their families in ways that help children develop into self-determining adults and respect families' natural roles in decision-making.
- CS.5.c.** Mobilization of increased demand for self-determination and children's and families' supports attuned to the children's developing capacity for self-determination, people with disabilities and family members in other communities get the information they need to insist on supports for self-determination, as indicated by the number of people informed about how they can have control, choice and flexibility.
- CS.5.d.** Mobilization of increased demand, educators and people in disability related occupations and professions in other communities will receive information about services and supports that enable self-determination and community inclusion, as indicated by the number who become better informed about how to assure

consumers' control, choice and flexibility.

- CS.5.e.** Critical stakeholders in other communities will become better informed about how to assure consumers' control, choice and flexibility.
- CS.5.f.** Increased demand for self-determination and children's and families' supports attuned to the children's developing capacity for self-determination.
- CS.5.g.** Additional communities across Michigan developing supports for enhanced self-determination, children's and families' supports attuned to the children's developing capacity for self-determination, and alternatives to restrictive use of guardianship
- CS.5.h.** Additional people with disabilities and families across the state are developing more self-determined lives, including youth preparing effectively for self-determined adulthood

Implementing Group: Grantees to be selected.

CS.6. Person-Centered Planning and Self-Determination Evaluation Project

Overview: Michigan's public mental health system is undergoing sweeping financial, administrative and programmatic changes. These changes offer great potential, but to date, most local mental health agencies still face many hurdles. For example, the department's monitoring reports indicate most consumers feel they do not receive a person-centered plan (PCP) and/or they do not self-determine the supports they receive.

Purpose: On a county by county basis, evaluate the mental health system's implementation of person-centered planning and other processes and the degree to which the system supports self-determination. The evaluation will consist of two studies. The first will gather baseline data. The second study, three-four years later, will examine the progress and lessons learned from the baseline. Both studies will identify barriers and recommendations which address those barriers, so people with developmental disabilities can self-determine the services and supports they need.

Activities: Fund two studies.

A. The first study will establish baseline data about the multiple factors which impact consumers': experience with the mental health system's person-centered planning process; and opportunity to self-determine their supports. In this study, consumers will surveyed about: whether they had a person-centered plan; could they chose who attended as well as the date, time and location of their meeting(s); were they asked about their dreams and desires as part of their PCP; the extent to which they control their supports budget, etc. Based upon data analysis, the project will generate a report which: contrasts summaries of consumer responses in each county, between counties and Community Mental Health (CMH) boards; documents the degree to which DCH policy is carried out; documents the current status of PCP and the degree to which each board supports self-determination; and offers recommendations and

advocacy strategies to address barriers. Report on the impact on consumers and their families.

B. The second study will be conducted 3-4 years after the baseline and will ask consumers the same topic areas as identified for the initial survey. Based upon data analysis, this project will report on changes since the baseline data was gathered. The second report will: contrast summaries of consumer responses in each county, between counties and CMH boards; document the degree to which DCH policy is carried out; document the status of PCP and the degree to which each board supports self-determination that impact on consumers and families; and offer recommendations and advocacy strategies to address barriers.

This project will build on existing data. Data sources include, but are not limited to, Michigan's Self-Determination Initiative, DCH Site Review Teams reports, MDCH/MACMHB training and expansion plan, past council grants. This project will collaborate with existing council grants related to this topic area.

This project will review data to identify where PCP and self-determination are successfully being implemented and look at methods employed to overcome barriers.

Additionally, this project will work with a diverse cross-section of local mental health agencies, including their consumers, support coordinators and administrative staff to identify barriers and recommendations to address those barriers. Where PCP and self-determination have not been successfully implemented.

Target population: people with disabilities, their families, advocates, CMH supports coordinators and administrative staff.

Time: FY 2002, \$200,000; FY 2005, \$200,000

Resources:

Federal: Baseline \$200,000; follow-up \$200,000

Match: To be determined

Other: Collaborations among state and community agencies

Outcomes:

- CS.6.a.** People have an understanding of where PCP and self-determination is being implemented, as a result of the baseline study.
- CS.6.b.** Critical stakeholders are informed about PCP, self-determination and support issues for persons with disabilities as a result of the baseline study.
- CS.6.c.** People have an understanding of where PCP and self-determination is being implemented, as a result of the follow-up study.
- CS.6.d.** Critical stakeholders are informed about PCP, self-determination and support issues for persons with disabilities as a result of the follow-up study.

Implementing Group: Grantees to be selected.

CS.7. Expansion of Personal Assistance Services (PAS)

Purpose: Support expansion of funding for Personal Assistance Services (PAS) and policy changes that would make them more consistently available to persons with disabilities in all areas of the state.

Activities:

- A. Establish a PAS Task Force, including other relevant stakeholders to review and advocate for policy change in the public and private sectors, including insurance.
- B. Advocate for increased funding and policy changes to increase flexibility and use of PAS funds.
- C. Educate legislators and other public and private policymakers about the need for community based PAS services.
- D. Support communities interested in developing PAS co-ops and similar mutual support programs by providing seed money and technical assistance.

Target population: Persons who can benefit from PAS, legislators, policymakers, families with people with disabilities.

Time: FY 2002.

Resources: Federal: FY 2002, \$100,000.

Match: To be determined.

Outcomes:

- CS.7.a.** Critical policymakers are informed about PAS issues.
- CS.7.b.** PAS are adequately funded.
- CS.7.c.** Policy changes make PAS more flexible and more broadly available.
- CS.7.d.** More people with disabilities have access to PAS co-ops and other mutual support programs.

Implementing group: Grantee(s) to be selected.

Estimated Council Budget for Fiscal Year 2002

CATEGORY	PART B\$	OTHER(S) \$	TOTAL
1. Employment	\$0	\$0	\$0

2. Housing	\$1,500	\$0	\$1,500
3. Health	\$0	\$0	\$0
4. Education	\$195,500	\$64,700	\$260,200
5. Child Care	\$0	\$0	\$0
6. Recreation	\$0	\$0	\$0
7. Transportation	\$251,500	\$83,000	\$334,500
8. Quality Assurance	\$544,333	\$26,000	\$570,333
9. Formal & Information Community Supp.	\$610,167	\$67,000	\$677,167
10. General management (Personnel, Budget/Finance/Reporting)	\$637,000	\$0	\$637,000
11. Functions of the DSA	\$50,000	\$1,901,000	\$1,951,000
12. TOTAL	\$2,290,000	\$2,141,700	\$4,431,700